1277

U.S. Army Surgeon General's Office

REPORT OF

THE SURGEON GENERAL'S CONFERENCE

with

CORPS AREA AND ARMY SURGEONS

Washington, D. C.

May 25 - 28, 1942

RESTRICTED

The notes of the attached report of The Surgeon General's Conference held in Washington, May 25, 26, 27, and 28 are not intended as a directive nor as an official order.

Several of the policies as set forth have already been changed, or will shortly be changed by directives, circular letters, or Army Regulations. The notes express policies believed to be proper at the time of the Conference.

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FOREWARD

The following pages contain the answers to the questions of the Corps Area and Army Surgeons submitted to the conference. The various section chiefs and their assistants collaborated in determining the policies as set forth.

Attending the conference were representatives of the Ground Forces, Services of Supply, General Staff, the W.A.A.C., The Air Surgeon's Office, and Selective Service.

In many instances, the questions, replies, and discussion are set forth as originally stated, as it is felt that, in this manner, the original form is of greater value in recalling the discussion. In other instances, a certain amount of editing was necessary in order to consolidate and clarify the issues presented.

Brigadier General C. C. Hillman presided over the conference for The Surgeon General.

Those present: -

Colonel John	J.	Reddy,	MC, . . .	1st Corps Area
Colonel Charles	M.	Walson,	MC, . . .	2nd Corps Area
Colonel Robert	C.	McDonald,	MC, . . .	3rd Corps Area
Colonel Sanford	W.	French,	MC, . . .	4th Corps Area
Colonel Edgar	C.	Jones,	MC, . . .	5th Corps Area
Colonel Joseph	E.	Bastion,	MC, . . .	6th Corps Area
Colonel Herbert	C.	Gibner,	MC, . . .	7th Corps Area
Colonel W.	Lee	Hart,	MC, . . .	8th Corps Area
Colonel Harry	R.	Beery,	MC, . . .	9th Corps Area
Colonel Raymond	W.	Bliss,	MC, . . .	Eastern Defense Command
Colonel Frank	H.	Dixon,	MC, . . .	2nd Army
Colonel John		Dibble,	MC, . . .	3rd Army
Colonel C.	C.	McCornack,	MC, . . .	Western Defense Command

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ADMINISTRATIVE SERVICE

Administrative Division

1. Q. Should not the relationship of the Corps Area to the medical Service at Air Force Stations be more clearly defined and a directive issued covering same? ....Sixth Corps Area, Med. Sec. AAF.

Comment: Some reports are received in the original directly from Air Corps Stations. Other reports are received in carbon copy, some passing through several Air Corps Headquarters before reaching the Corps Area Surgeon's Office. This especially true of the Sanitary Report. Delay in the rendition of consolidated reports to the S.G.O. is thereby entailed.

2. Q. Medical service within the geographical limits of the Corps Area should be under the Corps Area Commander....Eighth Corps Area.

Comment: Our trouble there is that we have fixed installations in the Eighth Corps Area, and we are constantly called on by Air Corps and others to lend them medical service. I think that the medical service is not divisible and should be under one single person, whether it be Corps Area Surgeon or whether it be Flight Surgeon, so long as one person handles it....Colonel Hart.

3. Q. Outline responsibility of Corps Area Surgeon with regard to Air Corps installations within the limits of the Corps Area....Eighth Corps Area.

4. Q. The responsibility of the Corps Area Surgeon pertaining to the inspection of ground and Air Force troops located within the geographical limits of the corps area outside posts, camps, and stations, where complement station units are established, should be clearly defined. This is especially applicable to questions of environmental sanitation, adequacy of medical care, and the location of communicable diseases....Second Corps Area.

A. These are questions that have been bothering the Corps Areas and The Surgeon General's Office ever since the last war. This new organization brought it to a head. When Circular 59 came out, it provided for the new organization of the War Department. The Surgeon General was asked what effect this would have upon the relations of The Surgeon General's Office to the Army Air Forces. We had a conference with Colonel Grant and as a result of that, we made definite recommendations to the Commanding General of the S.O.S. asking that they be approved by the Commanding General of the Air Forces defining our relations. Broadly, the memorandum provided that the relation of the Air Surgeon to the Office of The Surgeon General would be practically that of the Corps Area Surgeon. In going over the Circular 59, you will see that there is one provision under the organization of the air forces which provides that the command and control of all Army Air Force Stations and Bases not assigned to the Defense Command

or Theater Command and personnel units and installations thereon including station complement personnel and activities will be under the control of the Commanding General of the Air Forces. In other words, they are not under the Corps Area Commander. Based on a memo from the S.G.O., a directive has been published to the Corps Area Commanders defining Med. Dept. and Army Air Force relations.

5. Q. Request that the responsibility of the Corps Area Surgeon for the sanitation of the various installations in the Corps Area be more clearly defined....Eighth Corps Area.

6. Q. Troops of the S.O.S. at posts, camps, and stations, Corps Area Service Command units, military police battalions, ordnance depots (with the exceptions as listed in the next sentence) are considered definitely (for Medical Department service) under the control of the Corps Area Commander. The application of paragraph 6, AR 170-10, dated October 10, 1939, as amended by Changes 1 dated March 31, 1941, and further amended by War Department circulars No. 211, 234, 268, and 269, 1941 series; and No. 72, 1942 series, pertaining to Air Corps Training Schools, Air Depots and Ordnance Depots that are on federal reservations manufacturing war material under contract where civilian contract includes medical service for civilian employees operating the plant and lend-lease depots, is not fully clarified. All fixed posts, camps, and stations in the corps area should be under the jurisdiction of the Corps Area Commander for medical service, including environmental sanitation, health conditions, hospitalization, medical equipment, and supplies of all troops. Such a policy will avoid confusion and duplication. It will permit each Corps Area Commander to be kept informed of Medical Department activities in his corps area. The Corps Area Commander should be responsible for the medical service at fixed stations in the staging area--for example, Fort Dix, Fort Hamilton, and Fort Slocum--through their complement units the same as is applicable at Fort Monmouth, New Jersey....Second Corps Area.

A. I would like to say a few words about the various plants that are operated by the Quartermaster, Chemical Warfare, and particularly the Ordnance. They fall in two groups. We have the government-owned government-operated plants and government-owned contract-operated plants; as you all know our service in industrial medicine in peace time to Ordnance Plants, Arsenals, etc., was not wholly satisfactory. It did not comply with any of the state laws or any of the federal requirements. It stemmed from the fact that we had no authority to treat civil service and the employees were all civil service. The Personnel Division have always covered that service by assuming extraordinary medical service so far as enlisted men were concerned and for a few officers on duty at that plant. A contract or a part-time contract surgeon was engaged to direct that service, and we were able to go along on that basis. In other words, the extra time and the supplies were used without specific authority for the care of civil service employees of the plant. When these plants were enlarged and additional plants were built, we felt a definite responsibility for the medical industrial care in the government-owned government-

operated plants. Now the contracts that were made with corporations, operating government-owned plants provided in general that they should furnish such industrial medical care as was provided for by the state laws in which they operated, and I think that in most cases these contractors have a medical service at their plants. We, on the other hand, organized an industrial medical service for the new government-operated plants and enlarged the service in expanded existing plants. We are furnishing the personnel and supplies, and Colonel Lanza is heading that division. Now, the first difficulty we had was from the contract-operated, government-owned plants. The States first said that the contractors would not allow them to come in and make inspections of their service because they were on federal land, and the proposition was put up to us as to what they should do. We felt we were not responsible for making these inspections, and if the State needed any support in insisting on their right that it should come from the Public Health Service. Now as I say, these contractors are carrying on a service but that service as far as we know is not under the inspecting eye or supervision of the Army, Public Health, or the State. To clarify it we have asked that our responsibility be defined (See Colonel Lanza's remarks for decision of Commanding General, S.O.S.). You will find in all these contracts that the contractor is required to provide industrial medical service, and if they do this, the government assumes all liability resulting from line of duty injury. If they do not provide this service, the government is relieved of that responsibility....General McAfee.

On Friday General Magee and I were invited to a meeting with the Services of Supply, War Production Board, Army and Navy Munitions Board and the Engineers. This meeting was to try to tell those agencies what were our problems on procurement and construction. When they came to construction, they had graphs showing the total amount of available lumber in the United States through this calendar year, through next calendar year, and through the calendar year of 1944. They showed what was to be taken from the total available supply for the construction program as projected. The recommendation was made that hereafter Federal Housing shall not construct individual units. That was to conserve material. We can see immediately under that, that at plants where dormitories are to house civilians, thought must be given to control health to be maintained in these Army installations, whether they be government-operated plants or government plants privately-operated....Colonel Tyng.

As I see it, it crystallizes down to this. The Corps Area Surgeons are responsible for determining deficiencies in sanitation at Air Corps Stations, but it has no responsibility as far as getting these conditions corrected....General Hillman.

7. Q. This office has noted that several stations have been making entries on their hospital fund statements for payment of telephone bills on phones used solely by members of the detachment and patients. From the correspondence from The Surgeon General's Office, it is noted that this not looked upon with favor by The Surgeon General.

However, in several cases, exceptions have been made to the rule. This office returned several statements to different stations that have made this entry and invited their attention to the fact, but they insist on placing it on their hospital fund statements. Request that The Surgeon General's Office set some policy concerning this expenditure....Fourth Corps Area.

A. That is covered by Bulletin 57, "Notes on Hospital Funds." The telephone service for the medical detachment is not an authorized expenditure for the reason that this fund should not be used to the advantage of a few members of the detachment. In certain instances that has been waived. We always tell them to put in a pay telephone; in some cases, however, the telephone company is unwilling to put it in since the traffic on that phone is not heavy enough. In these instances, we have authorized the expenditure but every effort should be made to put in a pay telephone rather than take it out of the hospital fund....Colonel Rogers.

That is one of the biggest morale factors because this phone is used by patients in addition to the members of the detachment....Colonel Grant.

That brings us to a point which it might be well to bring out here; that the hospital fund in general has been under very serious attacks on many occasions, and not longer ago than last fall there was considerable agitation to limit all hospital funds. They just can't see, on the Budget Committee, why they should pay this money for food and then we are able to use it for something else. So, the fund has been under attack, and we have to be very careful not to make unauthorized expenditures, much more careful than they have to be with a company fund....Colonel Rogers.

The company fund is also under attack the same way....Colonel Tyng.

8. Q. In view of the many circular letters, it is very difficult at times to keep informed as to the current instructions issued by The Surgeon General's Office on account of the many amendments and changes of previous circular letters. It is recommended that S.G.O. Circular Letter No. 1, 1942, bringing circular letters of The Surgeon General's Office for 1941 up to date, be issued at the earliest practicable date....Second Corps Area.

A. This is in the process of construction and will be issued at some time in the future. It will be out about June 20th....Colonel Rogers.

9. Q. Request clarification of the proper channels of communication between the Surgeons of Field Force Units, The Surgeon General, and Corps Area Surgeons....Third Army.

A. It is my understanding that Sanitary reports are sent to the Commanding General with a copy to the Corps Area Surgeon....Colonel Rogers.

10. Q. Request a definition of "Field Force Unit" as used in connection with the rendition of Sanitary and Medical Department Reports in general....Third Army.

A. The consolidated division reports are acceptable: See W.D. Circular 71....General Hillman.

11. Q. Third indorsement, AG 123.1 (9-26-40)MO, War Department, Adjutant General's Office, November 7, 1940, states in part "Clearing Companies do not, and cannot, carry out any hospitalization in the generally accepted sense of the term" and directs that such companies operate company funds rather than hospital funds. The evacuation policy of most field force Commanders requires that casualties whose return to duty within 48 - 72 hours may be anticipated will be retained within the Division (usually in the clearing station), when maneuver or other field conditions permit....Third Army.

Queries: - Third Army

a. Decision is requested as to whether patients so retained be considered as "quarters" or "hospital" cases;
b. Is paragraph 5 g, War Department Circular Number 195, September 18, 1941, applicable to clearing stations under these conditions?
c. If paragraph 5 g, War Department Circular Number 195, 1941, is applicable, should the cash received for subsistence of patients be taken up on the company fund account?

A. (a) This is wrong. I thought so when it was put out because a hospital fund is a fund received from the commutation of patients. I believe, we should call all these "company" until they begin to get commutation of patients; there's your hospital fund money. This can be clarified and would be if you use this definition: Whenever a Medical Department organization has money in its fund that is derived from the commutation of rations for patients, then it should be labeled "a hospital fund."....Colonel McDonald.

(b) Apparently the Unit Commanders can say "yes." They should demand the field ration plus 50% in cash....General Hillman.

(c) Every clearing company will have a hospital fund....General Hillman.

12. Q. Under the field rationing system difficulty is always experienced in obtaining Class I supplies for patients transferred into medical installations. Can some standardized procedure for taking care of this situation be set up? If paragraph 5 g, War Department Circular Number 195, 1941, was made applicable to clearing stations the Commanding Officer would thereby have a reserve of cash with which such subsistence could be purchased provided a market is available. Such conditions frequently would not prevail in campaign....Third Army.

A. The way we worked that out was to get the Quartermaster to give the

Clearing Company a credit. The difficulty we had was primarily that the field ration was not suitable to make up into hospital ration, so we got the Quartermaster to issue additional milk and fruit....Colonel McCornack

13. Q. Relationship between Corps Area Surgeon and AAF Training Center Surgeons....Med. Sec. AAF.

A. One of the closest friendliness....Colonel Grant.

14. Q. Reference direct communication between Corps Area Surgeon and Air Surgeon....Med. Sec. AAF.

A. I think they should on tactical matters....Colonel Grant.

Vital Statistics Division

1. Q. How will enemy aliens in internment camps be carried on MD Form 86 ab? Should they be picked up under "Patients" or only under Total Beds Occupied?....Sixth Corps Area.

Comment: There is nothing in regulations covering interned enemy aliens. Should they be shown as Internees or Other Civilians, Male? ....Sixth Corps Area.

A. Carry them under "Total Beds Occupied" and "other civilians, male." ....Colonel Meehan.

2. Q. Centralization of review of Certificates of Disability for Discharge in Corps Area Surgeon's Office and discharge by Corps Area Commander....2nd & 8th Corps Areas.

A. Under present policy, approximately fifteen agencies may C.D.D. personnel on the theory that decentralization will expedite the separation of the unfit. A directive will be issued shortly by the War Department regarding any change....Lt. Colonel Hayden.

3. Q. Cannot the current regulation concerning Statistical Reports be changed so that the Corps Area Surgeon's Office will receive a copy of the Statistical Report rendered by each unit serving within the geographical limits of the Corps Area? Dependence upon the reports consolidated by Division Surgeons for current information is unsatisfactory....Fourth Corps Area.

A. The Surgeon of the Corps Area should receive from every station within the geographical limits of the Corps Area, a copy of weekly Statistical Report of all troops, S.O.S. and Tactical, one from each Air Force Surgeon, one from each station under the jurisdiction of the Division Commander, one from all tactical units absent from proper station on maneuvers and outside their C.A. to be

submitted to the C.A. in which maneuvers are taking place....Colonel Meehan.

4. Q. Is any revision of FM 8-45 contemplated?...Second Army.

A. Yes. After discussion it was decided that the Corps Area need not spend too much time on space 14, Form 52 M.D., but send forms to The Surgeon General....Colonel Meehan.

5. We have been getting a lot of inquiries, in connection with the 86A on the meaning of "military." "Military" means Army on active duty. Some think that it includes Navy and anyone who is on active duty. We are only interested in the active army; all other patients figure only under beds occupied....Colonel Meehan.

Civilian Personnel Division

1. Q. Will overtime pay for work in excess of forty hours per week be authorized for civilian employees of the Medical Department?...Sixth Corps Area.

A. See Medical Department Civilian Personnel Memorandum No. 53. Employing officers at Medical establishments who desire to have their employees of the classes enumerated in Public 873, the Act of October 21, 1940, designated for employment on a forty hours per week basis, with payment of overtime compensation for time served in excess of forty hours per week, should request such designation from the Office of The Surgeon General. In view of the fact that the provisions of the Act of October 21, 1940, will end June 30, 1942, it is considered inadvisable to initiate the payment of overtime at medical installations which have not already been authorized to do so....Major Wilson.

2. Q. Many high class civilian employees are lost to the Navy because the latter service pays time and one-half for overtime. Is the adoption of a similar policy contemplated by the Army?.....First Corps Area.

A. See Medical Department Civilian Personnel Memorandum No. 53. It is not contemplated to issue blanket authority to all Medical installations for the payment of overtime. It has been the policy of The Surgeon General to increase the wages of ungraded positions to the prevailing wage in vicinities where it has been deemed necessary to compete with other government and civilian agencies. Adoption of a general, over all, overtime compensation policy has been recommended by the War Department, but the initiation of such action requires approval of the Congress and the action that will be taken cannot be foretold....Major Wilson.

3. Q. Request a centralization and one issuing office for instructions on civilians. Stations and this office receive instructions from three

sources, and this information is of the same general nature. Civilian Personnel Field Office, Civil Service Manager and Surgeon General's Office data is received. It is recommended the Office of The Surgeon General be the only source of information that is received by this office and the stations....Eighth Corps Area.

A. Centralization recommended above is being studied in the Civilian Personnel Division, Headquarters, Services of Supply, and Civilian Personnel Division, War Department....Major Wilson.

4. Q. This office wants authority to authorize temporary travel of civilians at government expense. X-ray and other technicians may be needed at units in the event of an emergency; such as, repair of equipment, etc....Eighth Corps Area.

A. The Surgeon General deems it advisable to retain the authority to authorize temporary travel of civilians at government expense in his office. If an emergency arises wherein it is necessary that a civilian travel at government expense, a radiogram requesting such travel will be immediately approved by radiogram from this office....Major Wilson.

5. Q. A question arises as to ordering Dietitians and Physical Therapy Aides with field units. In the event such unit is moved to a port of embarkation, may not the employee resign? What "hold" on the employee can be made?....Eighth Corps Area.

A. In view of the fact that Dietitians and Physical Therapy Aides are civilians and have the right to resign at any time, no "hold" can be had upon them. If through such resignation the Medical Department is embarrassed or the functions of the Medical Department are seriously handicapped, the resignation may be accepted "with prejudice." Proposals to issue regulations which would interfere with the civil liberties of employees have not been looked upon with favor by higher authorities....Major Wilson.

6. Q. In time of War, civilians of the War Department should be subject to some regulation control. There should be incorporated in the Oath a statement that they are willing to obey all orders of the Secretary of War in respect to transfers, etc. Resignations at will should be stopped. When they are ordered transferred, they should go. They have little more to lose than the soldiers, sailors, and marines on Bataan. Families are separated by the draft and the needs of the War Department should be foremost....Eighth Corps Area.

A. See answer to question No. 5....Major Wilson.

7. Q. Civilian Personnel Regulations have a grade SP-7 for Dietitians and Physical Therapy Aides. Is it contemplated to use this grade in the field service?....Eighth Corps Area.

A. A survey of certain of the large general and station hospitals is now being made in the Office of The Surgeon General to determine where

the grade SP-7 for Dietitians and Physical Therapy Aides may be authorized....Major Wilson.

8. Q. Many requests for information in reference to foreign service are received. Employees seem willing to go if 25% pay increase is allowed, and War Risk Insurance is granted them....Eighth Corps Area.

A. This question is being studied in the Office of the Secretary of War. No definite information has been received as yet. Civilians assigned to specific geographic locations are entitled to 25% increase in compensation because of such assignment. See Executive Order No. 8955. Physical Therapy Aides and Dietitians assigned to theater hospital units probably will not receive the 25% differential because of the fact that their destination is a military secret, which prevents making request to the Civil Service Commission for allocation of their position....Major Wilson.

9. Q. It is recommended that the employees now appointed in the Quartermaster Corps under Project 101 (Replacement of enlisted men by civilians), be absorbed by M&HD appropriation. Medical units hiring these individuals report difficulty in maintenance of Quartermaster procedures, records, etc. These positions are closely related to M&HD employment and hospital commanders desire flexibility in moving employees from job to job in view of the nature of employment.... Second Corps Area.

A. All Incidental Expense funds, Project 101, cease June 30, 1942. All individuals paid from those funds will thereafter be transferred and paid from funds provided by the appropriate Arm of Service, i.e., employees whose services are in any way connected with the care of the sick or medical detachments will be paid from Medical and Hospital Department funds; telephone operators will be paid from Signal Corps funds; Chaplains' assistants will be paid from funds set up to the Chief of Chaplains; utilities employees will be paid from Engineer funds. It is the understanding of this office that The Quartermaster General has notified each station to this effect....Major Wilson.

Additional Information: When Physical Therapy Aides and Dietitians are ordered by this office to ports of embarkation to await water transportation, their orders include authority to pay $6.00 per diem while awaiting such water transportation at the port. However, when the above mentioned civilians are included in a movement order to a port of embarkation, the authority to provide per diem while awaiting water transportation is vested in the person issuing the movement order....Major Wilson.

Professional Service

1. Q. May registrants and applicants for enlistment who have been honorably discharged from the Army, Navy, and Marine Corps by reason of C.D.D. be inducted or enlisted without reference to The Adjutant General, provided they meet the physical requirements of MR 1-9? ....Sixth Corps Area.

   A. Present regulations, par. 19c, AR 600-750, require approval of The Adjutant General prior to the reenlistment of persons who were previously discharged for disability or similar reasons. It is believed that this policy should be continued and should apply to registrants as well as those voluntarily applying for reenlistment. In the majority of cases the Army examining physicians will not have information with regard to the case of a man's previous discharge on certificate of disability, and it may often occur that one was discharged for a mental condition and reenlistment or induction in such cases is very definitely contraindicated. (See A.G. letter on this subject dated May 15, 1942.)....Lt. Colonel Anderson

2. Q. Should not Diabetes be listed in Parts I and II of DSS Form 220 as a not remediable disqualifying physical defect?....Sixth Corps Area.

   A. Diabetics are required to report to Army Boards for physical examination. Selective Service has decided this is the proper procedure. ....Colonel Eanes.

   When it is known definitely by a local Selective Service board that a registrant has diabetes mellitus, such an individual should, in the opinion of this office, not be sent to an Army examining Board. Such cases should be classified as IV-F....Lt. Colonel Anderson.

3. Q. What medical supervisory responsibility, if any, does the Corps Area Commander have over Air Corps Stations, Port of Embarkation, or other exempted stations in his area?....First Corps Area.

   The supervision of sanitation and the professional service in those posts is under the jurisdiction of The Surgeon General's Office.... General Hillman.

4. Q. Relative to reassignment of Officers, Regular or Reserve, who have been found physically qualified for limited service only, at General Hospitals, can the Corps Area Commander re-assign them without reference to the War Department? Some are at present on duty with field forces and exempted stations, as well as with CASC units.... Ninth Corps Area.

   A. Corps Area Commanders and Station Commanders may assign such officers without reference to the W.D. as per Cir. 83, Par. 5c, dated March 21, 1942. If the C. A. Commander has no suitable position available, a report should be submitted to the W.D....General Hillman.

5. Q. May waivers be recommended for minimal healed primary type tuberculosis when involvement is somewhat greater than specified in paragraph 2a, letter from The Surgeon General, January 30, 1942, for limited service officers....Seventh Corps Area.

A. These regulations are not meant to be absolutely arbitrary. You are to use your own judgement....General Hillman.

6. Q. May waivers be recommended in cases of history of sinusitis in the past when there is thickened membrane shown on x-ray but a reliable history of freedom from symptoms over a considerable period of time? ...Seventh Corps Area.

A. Such men may be accepted....General Hillman.

7. Q. How strictly should the weight specifications prescribed in paragraphs 1a (1) and 2c, letter from The Surgeon General, January 30, 1942, be adhered to?...Seventh Corps Area.

A. Exercise your own judgement....General Hillman.

8. Q. Are waivers justified for history of mild migraine which incapacitates for only short periods at infrequent intervals?...Seventh Corps Area.

A. Any conditions which necessitates periods of absence from duty is believed to be disqualifying. Many subject to migraine are neurotic and for this reason are not suited for military service....Lt. Colonel Anderson.

9. Q. Should Post Medical Supply Officers requisition item 91212, Sulfanilamide, U.S.P., Gr.Tab, for all tactical units, at station, or is this item to be furnished only at the Port of Embarkation?....First Corps Area. (Also under "Finance and Supply.")

A. It is understood that medical depots are sending this article to staging areas and ports of embarkation to be issued to the units as required....General Hillman.

10. Q. Request discussion of the large number of nonspecific urethritis cases reported. While the symptoms are typical of gonorrhea, it is impossible to demonstrate the gonoccus either by smear or culture. In view of the lack of laboratory confirmation, are we justified in classifying the condition as venereal disease, which imposes loss of pay during hospitalization? How does this condition fit into our classification system for reporting venereal diseases?....First Corps Area.

A. As to the question of calling it "gonorrhea" and depriving the individual of his pay, the answer should be "no."....General Hillman.

It seems to me that the point you make is sound. I can't see how, in the absence of demonstrated criteria for diagnosis, we can

deprive the individual of his pay. I strongly suspect that these men have taken one of the sulfonamid compounds before coming up for examination, and that of course will destroy bacteriological evidence of gonorrhea....Colonel Morgan.

Q. What about coming up for induction?

A. I think they should be taken in. Call them nonspecific urethritis cases....General Hillman.

11. Q. Will the physical examination accomplished by a school physician in the case of an R.O.T.C. Cadet to determine his physical qualifications for enrollment in advanced R.O.T.C. also suffice for mandatory enlistment in enlisted Reserve Corps?....Eighth Corps Area.

A. An attempt will be made to get this requirement eradicated, but meanwhile we will assume that school physicians may perform the examinations....General Hillman.

12. Q. Should an officer who has been found to be physically incapacitated for active duty by an Army Retiring Board, be relieved from duty as provided by paragraph 4, War Department Circular No. 217, October 15, 1941, or should the officer remain a patient in the hospital pending War Department decision as to whether or not the officer can perform any type of military service?....Eighth Corps Area.

A. Army Regulations state that these officers should be relieved from duty....General Hillman.

13. Q. Physical Standards for Officers, Officer Candidates, Nurses and Enlisted Men as pertains to - a. Vision; b. Hernia; c. Cryptorchidism; d. Allergic Response; e. Thyroidectomy; f. Serological Blood Test for Civilians....Second Corps Area.

A. a. General Hillman promised early revision of visual standards.

b. The terms complete and incomplete should be abandoned in referring to inguinal hernias. The criteria upon which a decision of hernia should be made are:

1. A visible bulge in the inguinal ring upon coughing or straining.

2. A defect in the posterior wall of the inguinal canal with the finger inserted through the external ring.

The term complete can be used in dealing with Ventral hernias, as they are all complete. I think it should be pointed out that frequently there is a slight weakness in a wound made through a McBurney incision with drainage which should not disqualify a man for duty. Hernias of this variety never become strangulated. It would be noted further that it may be impossible to denote a hernia at the first examination but subsequently the sack may

open on coughing or straining and the lump may be definitely seen and felt. I think in questionable cases several examinations should be made by different surgeons and the last examination be definitely determined by a qualified surgeon before deciding that the man definitely does not have a hernia. It is my impression that many of these men rejected have had a patulous external ring which means nothing. One can always get an impulse if the finger is inserted through the ring and the patient is made to cough. This impulse will be slight, but it will be definite....Colonel Rankin.

c. Reference was made to revised MR 1-9, March 15, 1942. If the testicle is within the abdominal cavity, applicants may be accepted for general military duty. If the testicle is in the inguinal canal, applicants may be accepted for limited duty. If the testicle is against the pubic bone, this office will consider recommending a waiver for limited duty, if such waiver is recommended by the Corps Area Surgeon....Lt. Colonel Foster.

d. Our feeling is that those with moderate hay fever can be accepted for limited service. Those with severe cases of hay fever should be classified in 4-F. Mild hay fever, of course, may be waived for full duty.

Applicants for Officer Candidate Schools may be accepted with mild or moderate hay fever, but not if severe enough for Certificate of Disability for Discharge.

All applicants suffering from asthma are rejected for service in the Army....General Hillman.

e. Thyroidectomy need not necessarily eliminate a person from full military duty. The question of why the thyroidectomy was done and what the end result was, should determine in each case the person's fitness for military duty. In young individuals operated upon for colloid goiter or adenomatous goiter, nontoxic, where the operation has been successful and where there is no hypothyroidism post-operatively, I think a period of six months waiting should, if the individual's condition is returned to normal, be ample. If the goiter has been of the exophthalmic variety I believe an individual should be kept from full duty for a period of 18 months to 2 years, provided he has been cured by the operation. I should judge the cure by the individual's weight, pulse rate, pulse pressure, basal metabolic rate, and his ability to carry on his daily duties. It should be noted that men in the draft age may have any kind of goiters, but that they more likely will be found to have either exophthalmic or colloid varieties. Adenomatous goiters in young men are relatively rare....Colonel Rankin.

f. See "Preventive Medicine."

14. Q. What Boards are required for an officer who has had a previous

physical examination within 90 days and is found on reporting for active duty to be disabled because of an intervening or pre-existing disease or injury? See letter AG 201.6 ORC (9-6-40) R.A., December 28, 1940, paragraph 12a and W.D. Circular 217, October 15, 1941. Above refers to Reserve Officers. Does it apply to Officers A.U.S.? ....Fifth Corps Area.

A. Yes. If an officer has been on active duty for less than 30 days, The Adjutant General directs him to be discharged without a board. If he has been on duty more than 30 days, he is put in hospital for disposition. We try to get them as soon as possible and try to get them off duty within 30 days....Lt. Colonel Foster.

15. Q. What is to be done about Reserve and Army of the United States Officers who have been disqualified because of a past history of certain conditions?....Second Army.

A. We have had quite a few of them, particularly with a history of rheumatic fever. Perhaps some time ago an applicant gave such a history . Some of these cases were men who we thought were trying to get out of service. Now the draft threatens to take them, and they want Commissions....Colonel Jones.

You should show that you have given these cases very careful consideration as regards the history. We will then assume that they are now normal, and we will recommend a waiver for such history.... General Hillman.

16. Q. Recommend revision of letters AG or Army Regulations concerning physical standards and physical examinations, physical disqualifications and waivers for physical defects for limited service. Basis is letter AG 201.6 ORC (9-6-40) dated December 28, 1940, which has been changed and amended so often that a confusing mass of references are necessary and frequently unobtainable for commanding officers of newly activated units....Second Army.

A. I think it would be a good idea if we could get this done, because so many of them come from different places, and it is rather difficult to get them all together....Lt. Colonel Foster.

Some of these directives have gone out without reference to this office. Colonel Foster, will take it under advisement and try to get some action....General Hillman.

Are the students in the various colleges who are to go over to the Enlisted Reserve being examined?....Colonel Jones.

It is required that they be examined by a contract surgeon, but it can be arranged to have the school physician examine them.... Lt. Colonel Foster.

17. Q.. Discharge of Reserve Officers - All Reserve officers who are physically disqualified by reason of having introduced a medical history

which cannot be disproved, or cases in which it is difficult to evaluate history of physical findings, or those who have failed to take the necessary steps to correct remediable physical disabilities within a reasonable time, should not necessarily be discharged under the provisions of Par. 74b, AR 140-5, as provided in W.D., A.G.O. letter April 27, 1942, AG 210.8. In lieu of discharge under the provisions of Par. 74b, AR 140-5, certain cases should be discharged under the provisions of Par. 74i, AR 140-5, since discharge under this authority would not indicate physical disqualification as in the case of the letter of notification furnished by Par. 74b, AR 140-5. Such action would preclude Selective Service Local Boards from accepting such War Department letter of notification as being bona fide evidence that the individual is physically disqualified for any military service either as an officer or as an enlisted man. It is understood that in the past some local boards have automatically classified such individuals as Class 4-F without having them report for examination to the Army Induction Board. Although it is apparent that some individuals desire to evade the responsibilities inherent in their Reserve commissions and hope that they will be retained in Inactive Reserve or on an ineligible status, there is little likelihood of their serving as commissioned officers with credit to the service; yet, there appears to be no reason why they should not be called upon to discharge the requirements of other citizens as provided by the Selective Service Regulations....Second Corps Area.

A. It is up to us to let them serve as commissioned officers if they have sound minds. If discharged, they should be discharged under Par. 74b, AR 140-5....General Hillman.

Weight bothers us a lot....Colonel Jones.

We have felt that any Regulations we make, some people are going to want to make exceptions. If the examinee has x-ray evidence of tuberculosis that is suspicious, then you should adhere to the underweight base. If he is well otherwise, I would step down. If this is not workable, we will try to do something else for you. If the man is active and sound, and his blood pressure is all right, I would step up above our percentages. It is pretty difficult to make all these standards absolutely stable. We would like to have you use your best judgment....General Hillman.

Our limit is usually about 10 pounds under the minimum, which is about 25 pounds under the average....Lt. Colonel Foster.

Q. Is there any regulation concerning operations?

A. Three months appears to be a reasonable time to defer induction or enlistment following operations for uncomplicated appendicitis or hernia....Lt. Colonel Anderson.

I think it makes a great difference, the type of incision through which the applicant has been operated. In the average uncomplicated case, 3 months seems a reasonable period....Colonel Rankin.

Let's let it stand at three months....General Hillman.

18. Q. What is the reaction of the S.G.O. to accepting for induction registrants who have been treated with a five-day continuous drip treatment for Syphilis and whose serology is reported "Negative"? ....Sixth Corps Area.

Comment: It is understood that the State Selective Service of Illinois, as part of its rehabilitation program, plans to treat registrants with a diagnosis of Syphilis by a five-day continuous drip treatment.

A. It is believed that men with syphilis should not be selected for Army service because of the burden entailed on combat forces in securing for such men adequate treatment....Fourth Corps Area.

If syphilitics are accepted, are they to be retained with combat units or placed with Corps Area Service Command Units, and what criteria will determine the assignment to either of these forces? ....Fourth Corps Area.

The Treatment of uncomplicated venereal disease cases on duty status. ....Fourth Corps Area.

The question of venereal disease is important at this time. Some time ago, acting on the recommendation of General Hershey that we accept cases of uncomplicated venereal disease, we voiced the opinion that we would take gonorrhea cases, but should not take cases of syphilis except those that had been adequately treated. We also said we wouldn't take gonorrhea cases until we had adequate facilities for their care and treatment. We don't think we should put them in our hospitals unless they develop complications. We will have to have additional facilities if we are going to treat them, and until they provide that space it is a War Department problem. We heard yesterday that the Chief of Staff had approved the idea of accepting registrants with venereal diseases for induction under such regulations as The Surgeon General might see fit to promulgate. It becomes a question for us to determine whether or not we are only going to take gonorrhea cases. Are we going to take syphilis cases without any treatment? We have set up strict requirements for the acceptance of selectees with positive serology, and they must have very adequate treatment under the new regulations. The question is how much treatment are they going to receive? I would like to get your opinion on this problem....General Hillman.

I think we should return them to the boards as remediable cases.... Colonel Gibner.

I feel we should take them. I can see trouble brewing in the rural sections of my corps area. The mothers are getting angry, seeing their clean sons who have never been in any trouble, going into military service, while syphilitics are permitted to remain at home. ....Colonel Jones.

Colonel Jones has expressed a side that Selective Service sees clearly. Sooner or later this is going to bring about localized trouble over the whole United States, because the local boards are very, very restless at the present moment about that particular question. They are taking the best men from the community while those who have positive serology stay at home. General Hershey has not yet recommended to the War Department the acceptance of any syphilitics who need treatment. We feel that there is a large pool of syphilitics in this country who have received adequate treatment sufficient to protect them from an immediate relapse of the disease, and protect others from any health problems within the command. I believe that with mapharsen they can be treated in front line trenches or anywhere else. We believe we have a tremendous pool of these men who are absolutely safe for acceptance into the army without treatment. The trouble is we didn't know when to stop treating syphilis. We know the situation in the Veterans' Administration today. We must also recognize that in 1917 and 1918 we still knew very little about the arsenicals. We knew that something happened at that time, but now it is clear that the arsenicals we gave then, and the quantity we gave, only stopped the process of immunization. Many of the cerebrospinal cases now are the result of failure of proper treatment at that time. I believe we should take syphilitics, however, I am not yet ready to make a recommendation that we should take those who need active treatment. I think that a certain amount of treatment should be given, perhaps thirty injections of some arsenical and thirty injections of bismuth, and then a registrant would be inductible if he has no clinical evidence of syphilis, regardless of serology or spinal fluid. If he wants to continue treatment to a point where we can say with reasonable certainty that he is free from any future relapse, such treatment should be available. There should be a periodic check on them. If a man gets any recurrence of neurological, visceral or cardiovascular syphilis, he should be discharged for disability. The Veterans' Administration has never pensioned these men; they just give them subsistence and a place to stay....
Colonel Eanes.

Some are in favor of treating gonorrhea on a duty status. Frankly, I am not. I think the same thing holds true for a man with a chancre who comes to the Reception Center. Personnel who have to associate with such cases have a proper cause for objection. I believe that treatment of such venereal cases on a duty status would bring complications and would be properly objectionable on the part of their associates. The question of where, and facilities for the treatment of cases of gonorrhea and syphilis arises. We feel that they should be treated at Reception Centers on an ambulatory status in barracks operated as an adjunct to the Station Hospital. We tried to estimate, in a study submitted to G-1, the barracks requirements and space necessary to treat these cases. The best we could get on a percentage basis was: 1st, 2nd, and 6th Corps Areas - 1%, 3rd, 4th, 5th and 8th Corps Areas - 3%, and the rest 1½%. These percentages refer to the number of men processed through reception centers in the various Corps Areas. A copy of this indorsement is being sent to each Corps Area Surgeon. When the Construction Division figured the cost of providing

barracks and dispensary facilities for treatment, their figure was $784,000.00....General Hillman.

Q. Will the inducted men who have syphilis be permitted to go home on their 10 days furlough?....Colonel Dibble.

A. Yes....General Hillman.

Q. Have the precentage number of those that will be inducted been figured and are you going to issue any instructions to the Induction Boards....Colonel Dibble.

A. Yes.

19. Q. The Corps Area Surgeon is being called upon by the state health authorities for data regarding rejectees, particularly those rejected for communicable diseases, including tuberculosis. Cannot the Selective Service provide this information from the reports mady by Army Examining Boards to Local Boards?....Third Corps Area.

A. There is now in preparation for issue, a memorandum which directs the State directors to make the State Health Department a part of the rehabilitation program, thereby giving them access to anything we have in state headquarters on communicable diseases....Colonel Eanes.

20. Q. Discuss physical requirements and methods to be used for examination of candidates for Women's Auxiliary Corps....Fifth and Eighth Corps Areas.

A. The directive states that women should be examined in induction stations; however, these are not fitted for the examination of women. ....Colonel Hart.

This office agrees with you, Colonel Hart...General Hillman.

We feel as General Hillman does, that the problem will vary in each corps area and should be left to the Corps Area Surgeon to work out. If there is any way we can help with equipment, we will do so. As to standards for the W.A.A.C., we think the same standards should be set up as for 1-A men, due consideration being given to the difference in sex of the members of this corps. We have copied the standards for the nurses as they pertain to height and weight for certain age groups....Lt. Colonel Anderson.

The preliminary thing is a rather complicated affair, and I would much rather have the Director explain that. They are having a "screening" test, not a physical test, but a "screening" for qualifications before they are brought up....Colonel Offutt.

Q. What are we going to do with the W.A.A.C.'s?

A. I think the best answer to that would be the reply The Surgeon General sent when they asked us to state what use we would make of them.

(Reads Surgeon General's reply.) (See also section on W.A.A.C. for physical standards and general outline of the organization.).... Colonel Offutt.

21. Q. Is it to be anticipated that training manuals will be issued covering modern aspects of medicine and surgery in War?....Third Army.

A. There are now in preparation two types of manuals. One type is a rather elaborate series that will be composed of six volumes. I anticipate that it will be published by Saunders and Company. The material for these manuals has been worked up by the various committees of regional surgery of the National Research Council, plastic surgery, orthopedic surgery, etc. These are now in the course of publication, and we have agreed to purchase 600 sets for the Army. It is anticipated that these will be distributed to fixed hospitals and to mobile hospitals in the theaters of operation. I think the volume on plastic surgery will probably be out in a very short time, the others probably in September or October. The other type of manual that is being prepared is a so-called "Training Manual 8-210, Guide to Therapy for Medical Officers." This is an assembly of useful information. It contains directions for first aid particularly to regional injuries, for example maxillo-facial, ophthalmic, chest injuries, arrest of hemorrhage, poisoning with all the various types of poisons, snake bites, poison ivy, etc. It also contains our circular letters on management of tropical diseases, chemotherapy, and venereal diseases. We have been promised that it will be distributed shortly. Distribution of that should be to every Medical Officer. This will be a pocket-size field manual....General Hillman.

I have something more than that in mind. If this is one volume, I wonder if it will really be specific. I have been informed that people in Hawaii with injuries that would ordinarily take eighteen months for recovery and who have been treated by the newer methods have already returned to duty, while the ones treated by the old methods will require the full time for recovery....Colonel Dibble.

The Army Medical Bulletin is now being distributed to all Medical officers, and we are making an earnest endeavor to publish all kinds of professional material in it. If you will look at the last two issues you will find the care of soft wounds, treatment of burns, and many items that cover the recent developments in surgery. It refers to the use of blood plasma, chemotherapy, transfusions, and we will try to furnish the field anything that is worth while in the way of professional information....General Hillman.

The problem of blood transfusions, is a really great one. In recent years, in the treatment of shock and other conditions, blood plasma has offered an excellent substitute for blood. In some cases it is better than blood, and we have made a very earnest effort to get plasma put up in a manner so that it can be used in the theater of operations. Units are being produced at the rate of about fifteen thousand a week, and we are shipping them overseas in large quantities. The idea is that until we are certain the theaters of

operation are well supplied, we should not use dried plasma in the United States. All the units are completely equipped so that plasma transfusions can be given anywhere. Because of added expense of that over liquid plasma, we feel that liquid plasma is the choice in the United States. We have set up a certain number of plasma stations, and we contemplate setting up others. There is a station here in Washington which is a cooperative effort between the Army and Navy....General Hillman.

I think we all understand that the great advantage of plasma is its ease of transportation, its availability at all times, and simplicity of administration. One thing that has impressed me is the necessity to "sell" to our surgeons the usefulness of plasma. I don't mean military surgeons--I mean all over the country. I think this difficulty is gradually being overcome, and with the availability, and ease of administration, we are going to be "plasma conscious" shortly. Its usefulness to the military service so far surpasses the use of whole blood that you all will be gratified by its use....Colonel Rankin.

22. Q. Officers who are regarded as physically unfit for full field service must be referred to General Hospitals for action by the Disposition Board. The tendency of these Boards is to consider only definitely demonstrable pathology in arriving at their findings. Many individuals without such positive findings are manifestly unfit for field service, especially under the present requirement of the Chief of Staff that all members of the field forces should be capable of marching on foot with equipment the distance of 25 miles in a single day. It is believed that determination of physical fitness for field service should be based on a combination of pathological findings and findings on a basis of physical fitness as recognized by athletic trainers....Third Army.

A. I feel that if we set up that standard of requiring an individual to be put on limited service unless he can march a distance of 25 miles a day, we would get into a lot of difficulty. Many troops would go on a limited service status....General Hillman.

The practice in the Third Army is that every unit must work their personnel up to the point where they are able to take this 25-mile hike one day each week....Colonel Dibble.

It is the same in the Air Forces. The men don't do well under certain circumstances, and as a matter of fact, they come closer to being Section VIII cases rather than physical retirement cases.... General Magee.

It seems to me that the solution is to put them on limited service because they have been tried and found wanting....General Hillman.

The matter of handling physically unfit officers and getting them to general hospitals is a problem. The Army Commander can not issue travel orders, and we have followed the policy of directing that the officer be admitted to the most readily available station hospital with a view to transfer to a general hospital. He is then transferred

as a patient, and no mileage is involved; however, at present the difficulty is that the local station hospital feels it has to keep the patient and put him through their procedure and have their board act on him before he goes to the general hospital. That is an unnecessary delay....Colonel Dibble.

23. Q. What is considered a proper ratio of distribution for snake bite kits?....Third Army.

A. One per Battalion....Colonel McDonald.

I issued one for each regiment and one for each company in the Medical outfit....Colonel McCornack.

I have a table of basic allowances for the Engineers. They need more snake bite kits because they travel through the brush more....General Hillman.

24. Q. Excessive hospitalization - While it is recognized that the hospitalization of individual cases, particularly due to unpredictable complications, will vary greatly, it is believed that a guide published by The Surgeon General's Office concerning hospitalization, post-operative care, and period of convalescence either in quarters, on sick leave or furlough, as pertains to the more common medical and surgical conditions, would prove very helpful due to the constant changes in often inexperienced medical personnel and the multiplicity of the routines being followed at the various civil hospitals at which medical officers have served prior to entering the service. Review of Report Cards, MD Form 52, indicates a rather complete lack of uniformity and marked variation in the management of apparently similar cases. Recommend a S.G.O. Circular letter be published for use only as a guide to all concerned, with a view of establishing a consistent policy in the management of disease and injuries.... Second Corps Area.

A. This is a matter to which a great deal of thought has been given by this office. We realize that the care of various types of illnesses and injuries is greatly varied in different hospitals, and the further down we go in size of hospitals, the greater variation we find. While it may be feasible to issue circulars and directives from this office, we feel that this can hardly cover the situation. In going into the question of hospital beds and the magnitude of the problem that presents itself as to the supervision of professional service, we find that at the end of this year we will have 158,000 beds plus in station hospitals. The Sixth Corps Area will have over 10,000 beds. The greatest number is in the Fourth Corps Area which will have in its station hospitals 14,963 beds according to present plans. We feel that it is impossible under the present setup for the Corps Area Surgeon to give adequate professional supervision to the medical and surgical work in those hospitals, and after giving a great deal of thought to the matter, we propose to recommend, if it is agreeable to you gentlemen, that an allotment of officers be made to each corps area headquarters to provide for a consultant in medicine,

a consultant in surgery, and one in neuropsychiatry. It is our thought that these men should be selected for their professional qualifications and not their military qualifications. We feel that we should get men from the best schools who can accomplish a great deal of good, assigned to the corps areas and actually spend their time on the supervision of special work....General Hillman.

I was very much impressed by the reception I met with in all the hospitals I visited. I have been in some eighteen or twenty station hospitals and some six or seven general hospitals. I should say that ninety percent of the professional service is being administered by men who are accustomed to having consultations in their practice. I think that because of the fact that they are newly inducted in the army and have this responsibility, they would be very grateful to have this visitation. These visits would be anticipated at two or three weeks or monthly intervals and questions would be saved up for discussion. The key to this is to have a man who is truly a consultant, and who has had experience in teaching. I am sure he could do a great deal in sustaining and elevating the standard of professional service in the hospitals in the corps areas. A great deal could be done for the individual hospitals, and I wonder if a great deal won't be done too, in the hospitals of a given area in the way of personnel problems. I do think the teaching and supervising of the operation, of the consultation, and ability to translate directives, to see that there is some uniformity in practice--all these things appeal to me as being useful....Colonel Morgan.

Of course, I think that a great deal will depend on the type of individual selected for this work. My idea is pick these men very, very carefully. We are planning on setting up Corps Area Consultants of one medical, one surgical and one neuropsychiatric specialist in each of the large Corps Areas. The 1st, 2nd, 3rd, 5th and 6th Corps Areas whose total number of beds does not warrant the setting up of consultants in each corps area, will have a plan to share. We are trying to get men in civilian life from the medical schools and teaching centers and people that have their feet on the ground. You can use these men for whatever you want them for. We plan to bring them to Walter Reed Hospital for training in Army methods and the treatment and method of disposing of patients, i.e., C.D.D., Section VIII, 600-500, Disposition Boards, (enlisted) etc. These consultants will go to the larger Corps Areas first....General Hillman.

25. Q. Some Medical officers on duty with large CASC units are known to be qualified for limited service only, but are satisfactorily performing their duties. Because of the acute shortage of medical officers, is it mandatory that such officers be sent to a General Hospital for physical reclassification, or can they be processed by local Board, thereby preventing loss of time from duty at their station. Example - An officer on duty at Camp Callan, under existing arrangement, would be sent to Hoff General Hospital: One on duty at Camp Roberts would be sent to Letterman for reclassification....Ninth Corps Area.

A. W.D. 1942 Cir. No. 83 requires that all officers who are to be

reclassified for limited service be sent to general hospitals.... General Hillman.

26. Q. The question of elective operations on limited service personnel for conditions existing when they are accepted is constantly arising. What is the War Department policy regarding such elective operations?....Third Corps Area.

A. It has been our thought that if a man is qualified for limited service with a fault like hernia, he should remain on limited service, however, if he can be fitted for full service by an operation he could be operated upon. Leave it up to the local authorities.... General Hillman.

Q. How about getting someone off limited service.

A. What would you say about writing a letter to The Adjutant General, stating that he has been declared fit for full service? I don't think he would have to go back to the General Hospital again.... General Hillman.

27. Q. It is suggested that limited service, as applies to officers and enlisted men, limit their service to assignments in noncombatant organizations only, not to ZI installations only....Third Corps Area.

A. Why not let them go on over there....General Hillman.

Another point I wish to bring up is the contribution of medical journals by civilian physicians. A suggestion has been made by Colonel Jones of the Army Medical Library for either soliciting such medical journals from civilian physicians, or merely announcing that if they care to contribute recent copies of reputable medical journals they would be useful in the medical service. He wanted me to express an opinion, and I thought that I would speak to you gentlemen about it. Would it be feasible for you to accept medical journals at Corps Area Headquarters? I think we would have to limit the journals and say we didn't want them more than a few months old. It seems to me that this thought has merit. I believe there would be many reputable physicians who would donate them.

I do think this is an extremely important matter for the recently inducted medical officers assigned to station hospitals, and the smaller the hospital the more important it is. I think the 15¢ allotment per bed is ridiculous. The doctor who has a fifteen or twenty-bed hospital needs the journals more than the one who has a 1,000-bed hospital, who has others around to exchange ideas with. I would like to see a more generous allotment to smaller hospitals. ....Colonel Morgan.

The idea then is to ask our supply people to give us more money?.... General Hillman.

Lt. Colonel P. S. Madigan made the following announcement:

I wish to bring up two points. First - Request that Corps Area

Surgeons advise all hospitals requesting disposition to Saint Elizabeths Hospital or other designated Federal Security Agencies to complete commitment board proceedings 600-505 as well as Federal Security Agency Form 12-3 before request is made. Second - Request Corps Area Surgeons submit a list of Neuro-psychiatric officers and their stations to The Surgeon General.

Lt. Colonel Anderson then introduced Dr. Pelouze. Dr. Pelouze is traveling throughout the United States speaking on the clinical course of gonorrhea and its importance in the treatment of the disease. He recently conducted a 3-day course at Fort Bragg, N. C. and Hot Springs, Arkansas, which was attended by officers of the Medical Corps. He will keep this office informed of his itinerary and he stated that he would be more than willing to conduct summer courses elsewhere, if desired and feasible.

Food and Nutrition Division

1. Q. Is there a probability that qualified food and nutrition officers, (Medical or Sanitary Corps) will be furnished for major Ground Force Units? Could dietitians be made available for the Ground Forces?....Third Army.

   A. The problem of food and nutrition officers is tied up with procurement. We have at present about 25 on hand and in process, which gives us about 50 available for CASC. No provision has so far been made for Ground Forces. They need help. One officer has been sent overseas....Colonel Howe.

   The supply of these people is very limited, and we have attempted to keep up quality rather than numbers, because we felt it would do the food and nutrition program more good....General Hillman.

   The plan is to send one to each camp or station of 10,000 or more. ....Colonel Howe.

2. Q. The use of partially cooked canned meats requiring refrigeration has caused great difficulty in the field and has resulted in outbreaks of diarrheal disease. Can such products be eliminated?... Third Army.

   A. The Quartermaster says that there will be practically no canned meats used in this country. You can recommend that they do not use them....Colonel Howe.

3. Q. Do you recommend that stations make out their own menus?

   A. It is desirable for local stations to prepare their own menus using the corps area menus as a basis. It is a democratic policy within reason. This should tend to greater satisfaction and reduced waste. ....Colonel Howe.

Gentlemen, before we go into the questions of Finance and Supply, I am going to ask Colonel Robinson to bring some matters to your attention which we think will have repercussions in the future... ...Colonel Tyng.

The first thing that I had in mind to discuss is the information that we have on the enemy alien camps which is very rudimentary. I wonder if someone, especially in the Ninth Corps Area where they have had a lot to do with it, would mind making a few remarks on the record for our purposes here. We have letters here on Japanese Assembly Camps, Alien Evacuation Camps, and War Relocation Camps. We don't know whether they are different things, whether they are all the same, and whether our money is to be used for all of these, or not. .....Lt. Colonel Robinson.

I don't believe anybody knows much about it. Here is the situation as I see it. They first established some Prisoner-Of-War Camps at Missoula, Lincoln, and possibly other places. What the other names for these are, I don't know. They may be called enemy alien camps, but I think they are not under the army. They are under the Department of Justice. Then they established an Enemy Alien Camp at Fort McDowell. That is largely of the same character—a reception camp for people coming from overseas, prior to being distributed to these other Department of Justice Camps or otherwise. When they began getting rid of the Japs, they established first a control point which was a location within a certain area in the cities where the Japanese had to register and from which they were gathered together and sent to an assembly center. There are about twelve or fifteen assembly centers on the Pacific Coast at this time, with all the way from 1,000 to maybe 10,000 internees, Japanese citizens and aliens. These assembly centers were originally intended to keep internees for only a few days until they could be sent to the War Relocation Camps. These assembly centers were under the direction of the Western Defense Command. The Commanding General organized a Chief of Staff and acted under the present proclamation requiring any government agency to lend whatever aid was requested. He asked the Public Health Service to give all medical service and facilities necessary. The Public Health Service Officer took this over. He had no assistants, and he had no method of getting supplies and equipment. He utilized the County Health Officers primarily as his assistants to supervise the care at each of these camps. Every time he put one of his subordinates on duty, the Army would take him away. They started in to procure equipment on the open market, and they equipped several camps that way. They bought inner-spring mattresses, surgical beds, enameled bedside tables and other luxuries of that character. This immediately exhausted the market, and they were at a loss to do anything else, therefore, they requested supplies from the Army. Correspondence between your office and the San Francisco Depot indicated first, I believe, that stock would not be used, but it would be purchased in open market. Upon my advice,

we cut the requirements down to that of a military post's field supplies so far as possible. Later Skelton got instructions that he could use stock or else the reverse. He did use a certain amount of stock, especially an amount which he considered surplus to the needs of the depot there. We put in a camp infirmary at these assembly centers with rather meager equipment, and Dr. Henderson, the Public Health Officer, arranged with local hospitals to take care of any seriously sick at $3.75 a day. The equipment, strange to the Army, included baby nipples, Kotex, and various other items necessary to the care of women and children; the reason being that these people were deprived of their livelihood, and were virtually locked up with no income. While certain of them had savings, some of their savings had been impounded and they were dependent. After these people get to drawing money as they expect to later, it may be that some of these more personal items can be eliminated. Then Eisenhower and the War Relocation Authority entered into it and they have now, I think, five War Relocation Centers of their own. Two places in California have been taken over by them, and other centers are to go into Idaho and Arizona in June or July. The agreement between the War Relocation Authority and the Army by the Assistant Secretary of War and Eisenhower was that the Army would equip and build all the construction and equip the hospitals that were assigned at the permanent relocation centers where they have 200 or 250 bed hospitals or 10,000 internees each. The necessity of establishing these regular hospitals came before us suddenly. In all the camps, the assembly centers, and the Relocation Centers, they are using Japanese doctors and nurses and some of them are very competent. The War Relocation Authority is putting a white doctor at each of their establishments, and I understand in two cases the doctors have been called by the Army. In one case request was made that the doctor be deferred for sixty days; however this problem is going to come up. They need supervision and the equipment and the medical supervision of the assembly centers have been rather sparse. When the assistant Public Health Surgeon, Captain Coffey, came out, he found what the situation was and immediately had help furnished to Doctor Henderson so that he could supervise the local areas in which the camps are placed. Our problem of supplies for the assembly centers is about over. There will be certain maintenance supplies required until perhaps September or October. The initial equipment is working. Yesterday I received a telephone call from a center which had been reported to us as complete, stating it was complete only as far as the infirmary was concerned, and had to have hospital equipment. That was from the regional director of the War Relocation Board who apparently had been misled. In addition to that, the Corps Areas, the Seventh and Ninth at least, have been called upon to make surveys for locations for camps of various names, Pacific Enemy Alien or what. .....Colonel McCornack.

The next question I wished to take up was the fourteen different directives in the treatment of medical personnel of foreign countries in our hospitals. From a fiscal standpoint, it has gotten to the stage where it is administratively impossible to keep up with it, so about a month ago we put in a letter suggesting

a procedure to the Headquarters of the Services of Supply which was approved, and The Surgeon General was instructed in conjunction with G-2 to prepare an Adjutant General's letter covering this subject. I have this letter as it has been prepared by G-2 and ourselves, and it is almost ready for publication. (Read letter)

We are going to have a lot of vouchers for treatment of enemy aliens, for W.A.A.C.'s, for Army specialists and for civilians for physical examinations, and we would like these vouchers to be very clear and show exactly what they are for. A number of vouchers are coming in now with improper station and code numbers, and it is very difficult from our standpoint to get them paid. We realize that is a problem you can't do very much about. The CCC will be divorced from the Army beginning July 1, we think. It may be deferred to September 1, but we are trying to get it done by July 1. We will continue to treat CCC patients in Army hospitals, provided facilities are available for them. The patients will be reported to this office, and we will collect $3.75 a day just as is done for any other government agency that runs a hospital, and make the adjustment of funds in that way....Lt. Colonel Robinson.

There is a question coming up concerning doctors and nurses now paid with the CCC fund. As of July 1, inasmuch as we will collect $3.75 a day, and use Army facilities, my thought is that we will have to drop them just as we did in the case of the Veterans' Administration some years ago. It is the only thing I can do to keep hospitals from padding their staffs with nurses and doctors. .....Colonel Tyng.

1. Q. In the case of newly constructed cantonment hospitals, is the Corps Area Surgeon responsible for requisitioning furniture for nurses' quarters, as directed in letter S.G.O. 414 (Sixth CA), December 11, 1940, subject: "Furniture for nurses' quarters".....Sixth Corps Area.

   A. Either the Corps Area Surgeon or the S.G.O. will put in the necessary requisition for the furniture, and I can assure you there will be no duplication.....Lt. Colonel Griffin.

2. Q. What definite action is to be taken by the Corps Area Surgeon relative to the "Transfer of civilian personnel, supplies and equipment in dispensaries at Army operated industrial plants from the arm or service in command, to The Medical Department". W.D. Circulars No. 211, 1941 and No. 78, 1942, are at variance on this point.....First Corps Area.

   A. At the inception of the dispensary program in army-operated arsenals and depots, we did not have funds for the payment of nurses, however, we had funds for the payment of civilian employees. What we tried to do was to get the various governmental agencies, that is, army agencies to consolidate the number of nurses they had and to transfer to us centrally, funds for the continuation of their

employment to the end of the fiscal year. At the same time, we tried to decentralize, and we just tried to do too much in one operation. We are trying to consolidate all of these directives on the dispensaries, and we are going to try to operate them just exactly like any other station hospital. .....Lt. Colonel Robinson.

When you establish new dispensaries, there is no question of funds involved and that is paid out of the regular M. H. & D. funds, including nurses. .....Mr. La Crosse.

3. Q. When the replacement of Aromax tubes becomes necessary, may they be replaced by GE tubes? .....Sixth Corps Area.

A. The only comment I can give on that, gentlemen, is that a lot depends upon the station where the tube is used. I don't believe you are going to get a great benefit from shifting that entire tube, however, if you think it will, we now have attached to our office a man who is qualified with X-ray equipment, and we will be glad to send him to look it over. We will also supply extra tubes to any induction station that asks for them....Lt. Colonel Griffin.

4. Q. Nurses and clerks for industrial hygiene set-up at various depots. Source of funds for their payment? Procurement authority? Rates of pay for these nurses and clerks? .....Ninth Corps Area.

A. The rates of pay are in accordance with Civil Service rates..... Lt. Colonel Robinson.

5. Q. Medical attendance for MP Battalions guarding railroads, water supply, etc. Part time contract doctors @ $125.00 per month, or as per paragraph 3j (1), AR 40-505? .....Ninth Corps Area.

A. We have had a lot of experience especially with the Air Corps Training Centers. We favor the fee basis. We think that is better unless there are at least 350 troops and then it is best to assign a Medical Officer or hire a contract physician. We have watched those things in the Claims Subdivision, and if the amount of payment gets up to $200 or $250 a month, we notify Colonel Lull either to assign an officer, or else authorize the employment of a contract surgeon.....Lt. Colonel Robinson.

6. Q. Does the Surgeon General desire to be advised of delay in the procurement of noncontrolled items for field units? .....Ninth Corps Area.

A. We have published no specific instructions on the reporting of noncontrolled items.....Lt. Colonel Griffin.

7. Q. Is it feasible to supply regimental headquarters equipment to MP Battalions, Communication Zone, in view of the fact that separate companies of the battalion are stationed in various localities at great distances from battalion headquarters? How are these companies to be furnished with medical supplies when they are not in proximity to any station source of supply? .....Ninth Corps Area.

A. It seems to me that if they are stationed at Ogden, the Air Corps Station would take care of everything.....Colonel Grant.

8. Q. The innumerable show-down inspections for completeness of equipment in Ground Force Units has resulted in a situation where units complete their equipment and then lock it up to insure completeness for future inspections. The result is that vitally needed equipment is not available for training. Is there a possibility that in the future each unit may have a set of war equipment to be taken into the combat zone, and a set of training equipment which can be utilized to insure more adequate training? ....Third Army.

A. The answer is "no." We don't have the equipment.

9. Q. Stations in this area are, at the present time, submitting requisitions direct to the depot supplying that station, in accordance with Circular #4, HNCA, dated April 25, 1942, subject: "Current Supply Policy and Procedure." Are requisitions from station for S.G.O. items also to be handled between depots and your office, or should this type of requisition be forwarded through this office for editing and forwarding action? .....Ninth Corps Area.

A. No, we haven't an Editing Section anymore.

10. Q. Stations in the State of Utah are at present obtaining supplies from the St. Louis Medical Depot: Stations in the States of Idaho and Montana obtain supplies from the Chicago QM Depot. In view of the close proximity of these stations to the Utah General Depot at Ogden, it would seem more efficient and quicker service could be provided by that Depot for the above stations. Is it planned to eventually stock the Utah General Depot with all classes of medical supplies to take care of stations in this area? ..... Ninth Corps Area.

A. The Utah General Depot in principle is to "back up" Ports of Embarkation which will possibly be established at Los Angeles, San Francisco and Seattle, that is, its main function is not a distributing depot. The leases have been signed for the depot in Los Angeles which will shortly come into operation as a distributing depot. The San Francisco Depot is in a state of flux whether it will remain there or move to the Los Angeles site. There is a possibility it may remain as a branch, giving us two depots there.

11. Q. Request information as to policy on the initiation of requisitions for controlled and credit items of supply for newly activated units. In this connection, attention is invited to paragraph 8f, letter from The Adjutant General, April 2. 1942, subject "Current Supply Policies and Procedure," file AG 475 (4-1-42) MO-D-M, which requires station supply officers to furnish the initial issue of authorized supplies and equipment without the submission of requisitions by organizations in accordance with instructions to be issued by the Chiefs of Supply Arms and Services. ..... Seventh Corps Area.

A. They are handled automatically from this office. It is supposed to be for all units. On credit items, the S.O.S. has suggested that we drop them entirely. We asked you gentlemen whether that is the wise thing or whether they should continue.....Lt. Colonel Griffin.

When you have a credit there is a pile there to draw from, but that isn't the way they are maintained. The pile is gone before you draw on it. If we had adequate supplies, I would like to add more credit supplies to them.....Colonel McCornack.

12. Q. What is the purpose of Circular No. 26, S.G.O., March 15, 1942, "Allowances of Expendable Supplies"? As a basis for issuing credit items, is this Circular to be used instead of T/BA's? If so, does it apply to all branches of the service? ....First Corps Area.

A. Circular 26 will be used in the items indicated in lieu of the T/BA's. .....Captain Flynn.

13. Q. Should Post Medical Supply Officers requisition item 91212, Sulfanilamide, U.S.P., 7.5 Gr. Tab. for all tactical units, at station, or is this item to be furnished only at the Port of Embarkation? .....First Corps Area.

A. That is issued at Ports of Embarkation. This item is going out of the picture; there will be no more when the present supply is exhausted. A new sulfa drug will be packed in the first aid kit..... .....Lt. Colonel Griffin.

14. Q. In keeping up with the policy of The Commanding General, Services of Supply, that controlled items will be issued automatically, this office has several times in the past advised stations not to submit requisitions for controlled items for newly activated units. This office has advised stations to furnish credit items and non-controlled items provided by TBA to newly activated units to be laid down thirty days in advance of activation. Inasmuch as the directive from the S.O.S. states that supplies will be laid down thirty days in advance of the activation of a unit, and does not make any distinction between credit items and controlled items, our policy has been questioned in several cases. Request a decision as to whether we are following the right procedure or not. ....Fourth Corps Area.

A. Initially the plan was that we would equip divisions in that manner. Subsequently, it was decided that we will take care of all units to be activated.....Captain Flynn.

15. Q. Some depots are furnishing the Corps Area Surgeon with copies of shipping tickets for supplies being forwarded to Corps Area installations. This gives the Corps Area Surgeon valuable information and should be followed by all Medical Supply Depots. Some are not furnishing shipping tickets to the Corps Area Surgeon. Recommend all Depots to be instructed to do so....Third Corps Area.

A. I don't believe a change of control of supplies to Corps Area Depots is particularly necessary.....Lt. Colonel Griffin.

16. Q. Under the direct system of supply, is it desired that the Corps Area Surgeon submit quarterly and semi-annual reports of estimates of Medical Department "credit items." .....Third Corps Area.

A. Under the present system that is to be continued. .....Lt. Colonel Griffin.

17. Q. Purpose numbers for the expenditure locally of M & HD funds do not cover ordinarily necessary requirements at stations. Many special requests for expenditures for necessary purposes have to be made. Why not authorize the expenditures under all purpose numbers necessary? .....Third Corps Area.

A. I think that we can correct that situation. Eighty-nine separate procurement authorities in one Corps Area have had to be issued to increase the funds from $7,000 to $18,000. I think this defect can be corrected under the old system, and will be definitely corrected if a new system is established...Lt. Colonel Robinson.

18. Q. In cases where an individual obtains two pairs of spectacles under the provisions of paragraph 2, letter S.G.O., dated April 22, 1942, subject: "Procurement of Spectacles to be Worn under Gas Mask for the Military Personnel in the United States Army," how is this office to determine whether or not he is entitled thereto? Should not the station make notation on the Spectacle Order Form showing authority for the issuance of two pairs? If the answer to this is in the affirmative, just what terminology should be used?

A. That is a question for which I do not have the complete answer. We have tried to leave the determination of whether a man requires two spectacles to the local doctor; however, if a soldier sees worse than 20/40 he can see better with a gas mask on if he has a gas mask spectacle, and we intend to provide it, however, if he sees as well as 20/40 there is not much use of putting it on. We are going to try to consolidate all the letters on spectacles now that we are in production on both kinds, and have just one letter. .....Lt. Colonel Robinson.

19. Q. In cases where an individual secures an additional complete new pair of spectacles with stronger lenses, due to an error in refraction, it is assumed by this office that the individual is entitled to additional lenses, when the first ones are not suitable to his eyes; however, information is desired as to whether or not this individual is entitled to a complete new pair of spectacles, or only to new lenses. In this connection, attention is invited to letter from the Station Hospital, Camp Bowie, Texas, dated April 17, 1942, subject: "Eye Glass Replacements" and 1st and 2nd Indorsements, file Surg. 413.75, wherein it is stated that several cases such as outlined above have occurred. ....Eighth Corps Area.

A. The logical thing to do, and what we would like to do, is to replace the lenses. .....Lt. Colonel Robinson.

20. Q. In cases where a station has a copy of the contract but does not have a fitting case, and where no Medical officer is on duty and refractions are made by a civilian doctor, can this station prepare its own Spectacle Order Forms and send them direct to the optical company, or should the nearest station having a fitting case be contacted? .....Eighth Corps Area.

A. I think the station should prepare its own order from the data received from the doctor. When the doctor makes the examination, he will have to fit the frames. .....Lt. Colonel Robinson.

21. Q. Certification of vouchers for medical attendance to Military Personnel in cases where the responsible officer has been ordered overseas. .....Eighth Corps Area.

A. That is an acute problem that we have been having all over the country and outside of the United States also. As far as we are concerned, it doesn't matter who certifies the voucher. I don't think it is required by Army Regulations that the Commanding Officer do this. It seems to me that very likely it is going to devolve upon one of the Corps Area Surgeons to devise a system to handle such cases. .....Lt. Colonel Robinson.

22. Q. When forms for a month prior to the month that is being checked are sent in, is it permissible to include these forms with the current vouchers, or should a supplemental voucher be submitted? For example, this office is now processing April forms. Several stations have submitted February and March forms along with April forms. Our February and March vouchers have already been completed. Should we make supplemental February and March vouchers or should we include these forms on our April voucher? ..... Eighth Corps Area.

A. It is more convenient for our setup if they are vouchered separately, by month.....Lt. Colonel Robinson.

23. Q. Industrial medicine - Diversified instructions issued by the War Department and The Surgeon General's Office relative to the operation of Medical Department activities at Army-operated industrial plants and depots have caused some confusion and misunderstanding. Attention is invited to letter WD, AGO dated January 5, 1942, file AG 701.-1(ME-A) 9-17-41, and reference indicated in paragraph 1, WD, S.G.O. letter dated April 6, 1942, file 701-1, subject: "Transfer of Civilian Personnel, supplies and equipment in dispensaries at Army-operated industrial plants and depots from the Arm or Service in command of the station to the Medical Department..... Second Corps Area.

A. They will be handled just like any other station. ...Lt. Colonel Robinson.

24. Q. Until the initial instructions were issued by The Surgeon General and the War Department on a change in policy relative to the above mentioned industrial plants and depots, some personnel, equipment and supplies for operating Medical Department activities at these stations were furnished by Ordnance, Quartermaster, Air Corps, etc. agencies. These local facilities were authorized to purchase equipment and supplies as considered indicated by the individual concerned. As a result there is a great variation in the equipment and supplies now available. A commanding officer did not receive complaints as to the shortage of equipment or supplies because he gave his surgeon leeway in furnishing his needs. In this connection, attention is invited to paragraph 3e, letter your office, dated April 6, 1942, file 701.-1.....Second Corps Area.

A. I see no objection to that. .....Colonel Tyng.

25. Q. Allotment of M and H D Funds for Corps Area Surgeons - Compliance with S.G.O. Circular Letter No. 43, dated May 12, 1942, will increase the demands for M & H D funds at stations within the Corps Area. During the current fiscal year, original allotments to stations in this Corps Area amounted to $7,520. By 89 separate changes, this amount has been increased to $18,865.80. .....Second Corps Area.

A. I think this will be taken care of in the new fiscal year. There is provision already made that anybody who needs anything in an emergency and who can justify this emergency, can purchase and send the voucher to this office. Whether or not we need go further is a question. I don't believe it is advisable to have everyone in the country buying water stills and things like that, which they might do if we granted too wide authority, because it would upset production in the country.....Lt. Colonel Robinson.

26. Q. Will printed forms 86e and f be available for issue in the near future? ....Third Army.

A. Yes, they will be. .....Lt. Colonel Griffin.

27. Q. The handling of narcotics in medical chests and kits presents a problem requiring clarification. Such chests and kits are generally transferred from one responsibility to another without narcotic check. .....Third Army.

A. That's a local problem. .....Colonel Tyng.

28. Q. Is there a published table showing the 30-day rolling reserve of nonperishable items of Medical Supplies to be carried by a Division ordered overseas under various climatic conditions? .....Second Army.

A. Yes, there is one over at S.O.S. for clearance. As soon as it is approved, it will be published. .....Lt. Colonel Griffin.

29. Q. By what method or system is an Army Medical Depot overseas furnished replacements of biologicals and allied perishable supplies? .....Second Army.

A. The reserve of supplies that is sent overseas is not to be used unless it has in it a set of Biologicals and deteriorating items. .....Lt. Colonel Griffin.

30. Q. Following the maneuvers if summer 1941, funds were deducted from training funds to compensate for the amount of expendable medical supplies used in excess of the amount which it was estimated would have been used if troops had remained at home stations. Will the same procedure be followed for the maneuvers of 1942?.....Second Army.

A. The answer is "no". .....Colonel Tyng.

31. Q. How about the treatment of gas casualties? As far as I know there is nothing provided. As it stands right now, I doubt very much that most of the units woul. find equipment available.....Colonel McCornack.

A. We have all of it except the most needed requirements--that is, the dichloraminet and the ointment that is furnished by the Chemical Warfare Service. As soon as we have these two items, we are ready to pack the Chest.

1. Q. Mosquito Control. Will the unobligated balance of B&QA funds allocated to the District Engineer for mosquito control be carried over into the fiscal year 1943, or will the balance remaining in this fund be canceled on June 30, 1942? .....Seventh Corps Area.

   A. All funds for the Military Establishments for F/Y 1942 are available until June 30, 1943, as per the Fifth Supplemental National Defense Appropriation Act, 1942. .....Colonel Hardenbergh.

2. Q. Sanitation at ordnance plants. Clarification is necessary on the question of the corps area's responsibility in connection with general sanitation at Government-owned, contract-operated industrial plants manufacturing war material. .....Seventh Corps Area.

   A. Paragraph b (1). On April 4, 1942, a letter from The Surgeon General's Office (prepared by Division of Industrial Hygiene) was addressed to Headquarters, Services of Supply requesting an opinion as to whether or not Medical Department Service extends to government-owned contract-operated industrial plants..Colonel Hardenbergh.

   A reply to that letter was telephoned from S.O.S. Paragraph 4 of that communication addressed to The Surgeon General reads as follows: "In the light of the facts that the War Department owns these plants, is charged with the basic responsibility for their operation, and has located them upon military reservations, it is the opinion of this office that whether the employees are regarded as employees of the Government or of the contractor the Office of The Surgeon General may and should assume responsibility for the establishment of proper standards of industrial safety and hygiene, and necessary control and inspection to assure compliance with such standards." .....Lt. Col. Lanza.

3. Q. At Army-operated industrial plants physicians cannot be secured for the pay authorized for contract surgeons by Army Regulations.*** .....Seventh Corps Area.

   A. We have suggested that the contract surgeon be put on a limited service basis making him a reserve officer where possible. (This to be further discussed by Colonel Lull and Colonel Robinson.)... ..Lt. Col. Bayne-Jones.

4. Q. It is the understanding of this office that in accordance with War Department Circular No. 69, dated March 7, 1942, mosquito control funds are not allotted and expended under the supervision of the Chief of Engineers. No instructions have been received from The Surgeon General. .....Eighth Corps Area.

   A. Paragraph b (6). No detailed instructions regarding the expenditure of engineer mosquito control funds have been sent out from this office for the reason that the entire matter of rodent, insect and vermin control has not been determined. The offices of Quartermaster General, The Chief of Engineers, and The Surgeon General

have had two conferences on the subject of the administration and execution of these programs, and as yet no definite decisions have been reached. .....Colonel Hardenbergh.

5. Q. As a part of the Pre-employment physical examinations in the Industrial Hygiene Program, is it planned to do a routine blood test for syphilis and to have a routine chest x-ray for tuberculosis?.... ...Eighth Corps Area.

A. This is a difficult question to answer but on a "yes" or "no" basis the answer is NO. At those places where such tests are being made, no interference is contemplated at present. All plants concerned have expanded so rapidly and to such a large extent that the first consideration is the provision of adequate industrial medical service. Ordinarily a positive serological test is not an adequate cause to bar a man from employment. The general average showing positive tests in industrial work does not run over 2%. However, for applicants who are to be employed where there is exposure to T.N.T., it is probably best to bar those having a positive serological test. .....Lt. Col. Lanza.

6. Q. Can arrangements be made between The Surgeon General's Office and the Federal Employees Compensation Commission to pay for minor injuries incurred in line of duty in Army-operated plants, and where no time is lost, on a blanket fee basis, instead of having to submit all Federal Employees Compensation Commission record forms as at present? .....Eighth Corps Area.

A. We are going to make a very earnest effort in dealing with the Federal Employees Compensation Commission to see whether records cannot be simplified. .....Lt. Col. Lanza.

7. Q. In view of existing S.G.O. circular letters pertaining to the modern treatment of venereal disease and the fact that our sick and wounded reports indicate a great variation at different hospitals in the period of hospitalization for routine cases, it is suggested that this subject be duscussed with a view of certain flexible standardization of hospitalization in uncomplicated early cases. .....Second Corps Area.

A. Discussed the question of supervision of medical work with the new Corps Area set-up. We put venereal disease under medicine in the S.G.O. and I think it should be parallel in the Corps Area.

8. Q. The question has been raised in some quarters relative to the efficacy and advisability of simultaneous administration of several immunizing agents, such as smallpox, typhoid, tetanus, yellow fever, etc. Comment is requested. .....Third Army.

A. The simultaneous administration of smallpox and yellow fever vaccines is theoretically objectionable since both are living viruses. (S.G.O. Cir. Letter No. 9, Feb. 12, 1941) The Army Medical School has presented some evidence that the reaction to typhoid vaccine

may be more severe if this vaccine is given from 5 to 10 days after the injection of yellow fever vaccine, that is, during the period when the patient is having his febrile reaction to yellow fever vaccination. Opinions of surgeons differ on this point. It is probably wise to avoid giving typhoid vaccine (especially the second dose) a week after yellow fever vaccine. .....Lt. Col. Lundeberg.

9. Q. What steps can be taken to insure the necessary supply of salt tablets for troops serving under conditions where their use is indicated? .....Third Army.

A. The C. O. instructs and supplies the troops and the Q. M. will supply the ration with salt on request. .....Lt. Col. Stone.

10. Q. Is it desired that Corps Area forward to The Surgeon General applications of qualified men for the M. A. C. or Sanitary Corps for consideration for commission? If not, shall we return application stating policy as to appointment of such men as officers, and what advice should be given as to enlistment? .....Third Corps Area.

A. We will be very glad to have you forward all applications you can get and a qualification sheet showing their speciality, if for the Sanitary Corps. .....Col. Hardenbergh.

11. Q. Request consideration of advisability of having the laboratory at Hoff General Hospital perform certain Corps Area Laboratory types of work, as Letterman has done in the past (including some food analyses such as are being made at the Veterinary Laboratory at the Quartermaster Depot at Oakland, California, and the Corps Area laboratories at Fort Lewis, Washington, and Presidio of Monterey, California). There is an increasing number of troops in Southern California and the distance to Presidio of Monterey is great, and Arizona is now a part of the Ninth Corps Area. ....Ninth Corps Area.

A. Colonel Beery may submit a letter asking for another California Corps Area Laboratory. .....General McAfee.

12. Q. Quartermaster planning frequently fails to provide for crude oil needed for sanitary purposes in the field. Can this be corrected? .....Third Army.

A. It is up to the Engineers to supply this.

DISHWASHING CONDITIONS AND DISINFECTANT PROBLEMS

by

Lieut. Colonel W. S. Stone

Field investigators and Sanitary reports have indicated that present methods provided for hand dishwashing in Army installations are entirely unsatisfactory due to the inadequate amount of hot water provided. Studies have been conducted in conjunction with the Chief of Engineer's office in an attempt to devise adequate facilities for hand dishwashing. A decision has now been reached which indicates that additional hot water heating devices will be provided for all Army messes. Two temperatures will be furnished in most installations. Standard temperature of 140° F. will be provided for water used for cleaning purposes and water heated to 180° F. will be provided for the disinfection of dishes. In those localities where it will be impossible to obtain these facilities, chlorine bearing detergents will be used for the disinfectant process.

Disinfecting of clothing and equipment. During the summer of 1941, The Surgeon General requested the National Research Council to investigate the possibility of discovering a method for the fumigation of clothing and equipment, as a substitute for the heat and pressure type steam sterilizer used for delousing. Arrangements were made whereby the U.S. Department of Agriculture undertook this investigation and numerous chemical agents were experimentally tried. It would now appear that a satisfactory chemical has been found; namely, "methyl bromide", which can be used for delousing.

This chemical is a by-product of the magnesium industry and is readily available in the U.S. It is relatively easy to handle in that it is sold in 1 pound containers similar to a beer can. Its toxicity is slightly greater than that of carbon tetrachloride. It is proposed to use the chemical in two ways:

(1) Forced circulation gas chambers.
(2) In impervous bags designed to disinfest the equipment of individual soldiers.

The chemical in adequate doses will destroy insect eggs including that of the louse with a 30 minute exposure.

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JAUNDICE FOLLOWING YELLOW FEVER VACCINE

by

Lieut. Colonel Bayne-Jones

To date there has been reported a total of 8,345 cases of jaundice in both the Air Forces and in the Ground Forces. The May 26, 1942, report gives the figures as:-

Within the continental limits of the United States.	6,559
Within the Departments	1,786
Total	8,345

It is noted that none have been reported from the Navy! The jaundice was mostly associated with certain lot numbers of yellow fever vaccine administered in December 1941, and early January 1942. Additional lots used in March appear also to be related to jaundice. In about two months, or an average of 60 or 70 days, the first symptoms occur; malaise for about two weeks followed by jaundice. Two to three weeks has been the average stay in the hospital, however, some have remained in a total of 50 days. Hospitalization is advised for all cases. The jaundice seems to be associated with the vaccine and appears to be a catarrhal jaundice. It appears to be non-contagious, but information on secondary cases is not complete. At several posts the investigators believe they are dealing with an outbreak of catarrhal jaundice which is not associated with yellow fever vaccine. All tests for leptospiral infection have been negative. The vaccine is made up of attenuated live yellow fever virus plus human serum and chick embryo. The serum is regarded as the cause of the trouble. Doctor Soper gave the vaccine without human serum and no cases of jaundice resulted. The etiology of the jaundice is not worked out yet, and there have been a few deaths. Pathological findings reveal mainly subacute yellow atrophy of the liver.

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Venereal Disease Control Division

1. Q. The VDC Officer, Third Corps Area, requests additional motion picture films be made available at larger camps and stations--films other than those prepared by the Army. He also recommends that well qualified instructors at officer candidate schools give appropriate instruction on the duties of company officers in the control of venereal diseases. .....Third Corps Area.

   A. The Public Health Service and the Navy both have films that they will be glad to make available to us. The procedure for obtaining these films has not been working out, but if application is made to this office I think we can obtain them. ...Lt. Colonel Turner.

2. Q. A discussion is suggested relative to the merits of the continued use of MD Form 77, Venereal Prophylaxis Slip. This form no longer serves the purpose for which it was originally intended. As a result of a questionnaire from this office to all surgeons, it was the opinion of several surgeons that the use of this slip acted as a deterrent for taking the prophylaxis. Disciplinary measures which heretofore required the execution of this form no longer exist. A daily blotter showing the number of men from each organization and such information furnished to the Surgeon of the soldier's organization may be sufficient information to determine the number of men taking prophylaxis and the location where taken. .....Second Corps Area.

   A. I think the question is contingent upon another which I would like to raise, and that is re-establishing of certain disciplinary actions for not taking prophylaxis. We have a good deal of complaint that the responsibility is placed on the unit commanders, yet they are denied the right to use disciplinary measures. A regulation was published about a year ago to the effect that no one will be subject to court-martial or other disciplinary measures for failure to take prophylaxis. I think we should rescind the part relating to "other disciplinary measures". If that is done, it might influence this question. We feel we have to rely on two things in venereal disease control--first on getting soldiers to take prophylaxis and second, getting rid of sources of infection in the community. The difficulty is that you punish the man who gets caught, and don't punish the one who doesn't get caught. .....Lt. Colonel Turner.

   I'd like to have your recommendations on all punitive measures. What would you think if we could get all that wiped out? (The conferees agreed to that.) .....General Hillman.

   If there is to be no disciplinary action, I don't see any use of the slip. .....Lt. Colonel Turner.

3. Q. Discuss duties of Venereal Disease control officer in Corps Area Surgeon's Office. .....Second Corps Area.

A. Without trying to be facetious, we think his duties are to prevent venereal diseases in the Corps Area, and we would like to give him the widest latitude in studying the problem and instituting corrective measures. We feel that there should be very close liaison with civilian authorities and with the camp venereal disease control officer. The specific duties are hard to outline from Washington; we like to see how they develop their own jobs in the field. We are not sure they have a job, but we think they have. We prefer not to write detailed instructions as to what his duties are. .....Lt. Colonel Turner.

4. Q. Officer Personnel: The qualifications for Medical officers to fill the position of Venereal Disease Control Officer have been set so high that practically none are available in the Ground Forces. Is it desirable that the best qualified available officers be assigned to these positions pending selection of fully qualified personnel by The Surgeon General's Office? .....Third Army.

A. The answer to that is "Yes." We have attempted to get the best men we could to do the job, but the supply of these men is limited. We believe that to an increasing extent the men to do this job must come from among the men already on duty....Lt. Colonel Turner.

Have you any other comments? .....General Hillman.

The only thing I would like to say is that we are attempting to standardize a form for the contact report. This report does not come into this office, but there is need for standardization. Different forms are being used in each Corps Area, and we would like to have a sample of each. .....Lt. Colonel Turner.

1. Q. Can the age and qualifications of Medical Department Officers be furnished with the advance notice from The Surgeon General?..... Sixth and Seventh Corps Areas.

   A. We can furnish you this information and we have tried to do so with a Form 178-2 and we will try to give you their age. We will try to give you a rating such as 1, 2, 3, and 4, but each Corps Area Surgeon should have a copy of the code.

2. Q. What are the prerequisites to initial commissions of First Lieutenant and Captain in the Medical Administrative Corps (affiliated units), other than those indicated in AR 140-33? ..... Sixth Corps Area.

   Comment: Civilians may be commissioned in the Medical Administrative Corps for service with affiliated units in accordance with affiliated units in accordance with WD Letter, Subject: "Appointment in Army of the United States (Medical Department)," dated April 23, 1942.

   A. Must be affiliated with the unit.....Colonel Lull.

3. Q. What are the prospects for the promotion of MAC officers above the grade of Captain, with pay of increased grade?.....First and Ninth Corps Areas.

   A. MAC officers may be promoted to the grade of Major but the ruling of the Comptroller General is that they cannot go above the pay grade of Captain. Legislation was requested by this Office. The Legislative Division of the War Department asked the Comptroller General to reverse his decision in this matter, but it was rejected. This office has again presented it to the Legislative Division to be presented to Congress, requesting that promotions up to the grade of Colonel be provided for MAC officers with pay in grade and to hold such grade until six (6) months after the war..... Col. Lull.

4. Q. An increase in allotment of Captains, MAC, will be needed for several large new camps now in process of construction. This would also provide for promotion of deserving Lieutenants.....Ninth Corps Area.

   A. You have received the allotment and I might say that Colonel Hudnall is working with the Planning Division. We are going to try to "up" the grades; there will be a lot more Captains. You are to submit your requests to this office and as soon as we get these reports we will go before the Staff.....Col. Lull.

5. Q. Medical Department officers of the corps area service command are sometimes transferred on letter, confidential, or secret orders without informing Headquarters, 7th C. A. of the impending transfer

or furnishing headquarters with a copy of the orders.....Seventh Corps Area.

A. The reason for this is mostly because very few are requested by name.....Col. Lull.

6. Q. PMS & T's of senior medical R.O.T.C. units are charged against corps area service command allotment of medical officer personnel. In the Seventh C. A.....Seventh Corps.

A. The only way we can deal with that is to give you an increase in allotment.....Col. Lull.

7. Q. Assignment of overage MD field officers to C.A.S.C. consumes to a considerable extent the authorized allowances in such grades and retards promotion of highly qualified officers in the company grades. Can they be considered as extra numbers in grade and not chargeable to the C. A. allotment?.....First Corps Area.

A. No, we took that up. That will have to be charged to Corps Area allotment.....Col. Lull.

8. Q. Will all Medical Department noncommissioned officers who have been appointed Warrant Officers be retained in the Medical Service? If so, to what units?.....First Corps Area.

A. No, they will not be retained in the Medical Service. They have warrant officers classed as administrative, clerical, motor transport and supply. They will be classified in those groups; we will be assigned just so many. The only way you can get them is to have the C. A. Commander give them to you.

9. Q. Recommend that Corps Area be asked to designate officers of the Medical Department desired by the War Department.....Third Corps Area.

A. This question has been answered except about the nurses, this will be discussed later.

10. Q. Is it desired that Corps Area Surgeons continue to assist in securing Medical and Dental officers by having applicants fill out necessary forms to be forwarded to The Surgeon General by the Corps Area Surgeon?.....Third Corps Area.

A. Any way we can get an officer we will take him. Send his papers in with a letter telling where he is to be assigned.....Col. Lull.

11. Q. Is it desired that applications for original Dental commissions by applicants over 37 years of age be forwarded by Corps Area? .....Third Corps Area.

A. Wait until they are classed as I-A, and about to be drafted..... General Mills.

12. Q. Reference recent War Department instructions re commissioning of Medical Students in the Medical Administrative Corps, AUS, is it desired that same procedure for Dental and Veterinary Students be followed in commissioning?.....Third Corps Area.

A. Answered by War Department Directive since the question was submitted.

13. Q. Is it desired that C. A. forward to the Surgeon General applications of qualified men for the MAC or SC for consideration for commission?.....Third Corps Area.

A. We have no way of commissioning MAC officers from civil life. As soon as we get an allotment we can commission some. Civilians may be commissioned in the Sanitary Corps if they meet the requirements. .....Col. Hardenbergh.

14. Q. What disposition is to be made of enlisted registered pharmacists who are surplus in Corps Areas? Will allotment of Technical Sergeants (grade 2) be given Corps Area for graduate pharmacists?.... Third Corps Area.

A. No allotment will be given for Technical Sergeants. Any surplus should be reported because we should have a registered pharmacist in every hospital.....Col. Lull.

15. Q. The present practice of assigning M.D. officers designated for the Eighth Corps Area Service Command to Hq. 8th C. A. is very satisfactory. Recommend that it be the future policy to assign all such officers to this Headquarters.....Eighth Corps Area.

A. That is what we are trying to do, assign them to the Headquarters for reassignment by you.....Col. Lull.

The Adjutant General has adopted this policy.....Major Paden.

16. Q. What connection, from a personnel standpoint, will the Corps Area Surgeon's Office have with the various State Medical Officer Recruiting Boards now being organized?.....Eighth Corps Area.

A. The Boards are set up as W.D. Boards but the help of the Surgeons of the Corps Areas would be very useful. If you want a report, I don't see any reason why the Board can't give you one..Col Hudnall.

Colonel Hudnall distributed among the officers a copy of "Instructions to Medical Officer Recruiting Boards."

17. Q. Recommend close compliance according to professional qualifications with the monthly request for Medical Department officers sent to The Adjutant General. Only in this manner can the Corps Area secure the specialists needed.....Eighth Corps Area.

A. That is on your requisition. We try to fill them as well as we can. .....Col. Lull.

18. Q. To what extent is the War Department policy of transferring all Regular Officers of troop age from the Corps Area Service Command to tactical units prior to July 1, 1942, likely be applied?..... Eighth Corps Area.

A. That was repealed by radio dated May 19, 1942, from The Adjutant General, which reads as follows:

"Except for individual cases the transfer of troop age officers from Corps Area Service Commands has been discontinued."

This radio was sent to the Commanding General of all Corps Areas. .....Colonel Lull.

19. Q. When will the examination for the Regular Corps be held?.....Eighth Corps Area.

A. August 10-13, 1942.....Colonel Lull.

20. Q. Recommend that a percentage of enlisted men be assigned direct from Reception Centers. There are facilities for the training of these enlisted men at all the station hospitals within this Corps Area. It is understood that the Air Corps gets a majority of their enlisted men in this manner....Eighth Corps Area.

A. The Surgeon General recommended in a letter dated May 22, 1942, to the Commanding General, Hq., S.O.S, that the Corps Area Commanders and the Commanding Officers of the general hospitals submit requests for enlisted men, Medical Department, to completely fill their allotment, and that these enlisted men be sent through from reception centers.....Colonel Lull.

21. Q. What percentage of trained enlisted personnel will be assigned to newly activated hospital units?.....Third Army.

A. The procedure is to put at least 100% where possible. Due to lack of trained personnel we have not been able to follow this policy. No definite percentage has been decided.....Col. Lull.

22. Q. Will it be possible to provide reasonably full staffs for the Evacuation Hospitals to participate in the maneuvers planned for this summer? This will not be possible from present resources of the Field Forces.....Third Army.

A. Yes, we will have to supply them. We may be able to get affiliated units for these maneuvers.....Col. Lull.

23. Q The following questions are commonly asked by physicians manifesting interest in military service: - a. "How badly am I needed?" b. "In what grade will I be initially commissioned and what are the chances for promotion? The Navy has offered me a Lt. Commander commission." c. "If I offer my services what assurance have I that others who can be better spared will not remain at home to absorb my practice?".....Third Army.

A. a. Everyone under 45 is badly needed. b. He will be initially commissioned in the grade decided upon by qualifications and the board of officers in this office. c. No answer can be given to this question.....Col. Lull.

24. Q. Is it probable that surplus Medical Department Officers in higher grades now with Ground Force Units will be reassigned in the near future? This is particularly acute with respect to the Dental Corps where the surplus has blocked all chance of promotion..... Third Army.

A. The Dental Corps just can't use the Lt. Colonels that are with the Ground Forces, we have no place to assign them....Gen. Mills.

The Medical Corps can use all the Lt. Colonels that can be supplied. .....Colonel Lull.

25. Q. Is there a probability that young, able-bodied officers now with Services of Supply installations will be reassigned to Ground Force Units where they are badly needed?....Third Army.

A. The Corps Area Service Commands will get limited service men and the others will be put with troop forces. All of the troop age men who are not limited service and are under 53 years of age, except specialists, will be assigned to combat duty.....Col. Lull.

26. Q. Enlisted Personnel.....Cannot a reasonable allotment of vacancies for trainees in the Special Service Schools be again set up for the Ground Force Units?.....Third Army.

A. The number of vacancies in these schools has recently been cut down to Field Forces. The facilities at these schools have been increased and a letter has gone out in which it was recommended that a total of 816 per month will be given to the Ground Forces to be suballotted.

27. Q. Certain T/O's call for the assignment of male nurses. The qualifications place hospital orderlies in this category. It is evident that the average hospital orderly is not in any way regarded as a competent male nurse. Likewise, the qualification "Optician" (365), and related job, "Jeweler", will not provide the highly trained optical mechanics required for the optical repair section set up for medical supply depots. What steps can be taken to obtain sufficiently proficient specialists for such assignments?.....Third Army.

A. As male nurses are made available to us we can put them in with hospital units where they are needed and to which female nurses are not assigned. Men trained as medical or surgical technicians, although they do not meet the requirements for male nurse, may be used either in the medical or surgical wards depending upon the type of training to be required. The Finance & Supply Division of this office have a list of men who have been trained in optical grinding and who are considered satisfactory for assignment to these few optical units.....Colonel Lull.

28. Q. Will T/O be changed so that Captains may be used in place of Lieutenants, etc.? This would be a great aid in assignment and prevent the feeling that now exists, of certain officers being "stymied" as far as promotion is concerned.....Third Army.

A. No, they will not allow us to do that.....Colonel Lull.

29. Q. Appointments.... The question of advanced rank for physicians appointed in the Medical Corps, AUS, unless possessed of outstanding experience and qualifications, is having serious effects on morale of Medical Reserve Officers now on duty.....Second Corps Area.

A. We hope to "up" some of these grades. This matter was taken up with the Personnel Section, S.O.S.....Colonel Lull.

30. Q. Temporary Promotion of Medical Department, Regular Army.....Second Corps Area.

A. That will be taken care of by increase in the higher grades..... Colonel Lull.

31. Q. Enlisted Personnel.....It is recommended that all station hospitals in this corps area be brought up to their authorized strength by a transfer of enlisted men from Medical Department Replacement Training Centers at the earliest practicable date.....Second Corps Area.

A. We don't have enough to bring them up to their authorized strength. .....Colonel Hudnall.

32. Q. Promotion of officers: Policy and how it is done in the different Corps Areas.....Fifth Corps Area.

A. That does not come under this office.....Colonel Lull.

33. Q. Personnel Reports. - Paragraph 9b (1), AR 345-800, as amended by Section 4, War Department Circular No. 122, April 25, 1942, directs that the duplicate copy (white) of reports of change (WD,AGO Form 303), pertaining to individuals and units of the Medical Department be forwarded direct to The Surgeon General.....Second Corps Area.

(a) It is recommended that either of the following alternatives be substituted in lieu of the present directive contained in AR 345-800 as amended:

1. The duplicate (white) copy of the WD,AGO Form 303 pertaining to the Medical Department individuals within the territorial limits of a corps area be forwarded to The Surgeon General through the Corps Area Surgeon, or
2. The triplicate (buff) copy of the WD,AGO Form 303 pertaining to Medical Department individuals within the territorial limits of a corps area be forwarded direct to the Corps Area Surgeon, or
3. An additional copy (onion skin) of the WD,AGO Form 303 be prepared at the same time as the original (by means of the

carbon process) and forwarded direct to the Corps Area Surgeon. (b) Only by one of the above methods can up-to-date information as to the status of all Medical Department personnel within a corps area be made available to the Corps Area Surgeon.....Second Corps Area.

A. This office would have no objection to having either the white or onion skin. The reports that are sent in every month with the 86c are very valuable to us because we pickup men on the 86c where we would have no record of their transfer.....Colonel Lull.

34. Q. Are provisions being made to utilize additional MAC officers with field units, in place of Medical officers? The Division Medical Service could profitably utilize 11 MAC officers, the Corps Medical Battalion 10, the Medical Regiment (Army) 17, replacing Medical officers who are badly needed elsewhere. Five MAC officers in appropriate grades could well be used in the Army Surgeon's office .....Third Army.

A. There is a directive that has just come in from the Commanding General, S.O.S. that The Surgeon General study the possibilities of using more MAC officers in general, evacuation and station hospitals. However, at the present time MAC officers are scarce. .....Colonel Lull.

35. Q. Due to the fact that promotion and assignment is now based entirely on Table of Organization, difficulty is being experienced in placing individuals according to their specialist capacities. Thus, if a T/O calls for a Major, Sanitary Corps (special qualifications, sanitary engineer) and a Major, Sanitary Corps (specialist in technical equipment) is present within the command filling a Captain's vacancy, personnel sections generally are hard to convince that the equipment specialist should not be transferred to fill the sanitary engineer vacancy. On the other hand, if such transfer is not accomplished the Major is excess in grade and position with his organization and within the larger unit blocks promotion and assignment. Is there any suggested solution?.....Third Army.

A. When it comes to promotion vacancies we can't very well cut them down to special qualifications. We hope to increase CASC Sanitary Corps Officers. It is the same way in hospitals.....Col. Lull.

36. Q. For the purpose of conserving medical officers, could not the following positions in a medical battalion be filled by Medical Administrative Corps officers: 1 Adjutant; 3 Ambulance Platoon Commanders; and 1 Clearing Company Motor Officer?.....Second Army.

A. Yes. New T/O out now have cleared this up.....Colonel Lull.

37. Q. During the training period for numbered General, Evacuation and Station Hospitals, could not 40% to 50% of these officers be from the Medical Administrative Corps?.....Second Army.

A. Yes. In actual practice, 60 to 70% will be MAC during training.

38 Q. Medical Sanitary Companies often have three medical officers assigned to duty. Could not two of these be replaced by Medical Administrative Corps or Sanitary Corps officers without reduction in the efficiency of the unit?.....Second Army.

A. As soon as colored MAC officers are available.

39. Q. Will we get a sufficient number of officers to supply our units for summer training?.....Third Army.

A. Yes.....General Hillman.

40. Q. At Army-operated industrial plants physicians cannot be secured for the pay authorized for contract surgeons by Army Regulations. (See letter of this office, March 16, 1942, subject "Employment of Contract Surgeon," file Surg. 701-1 x 211-Contract Surgeon, containing recommendation that James M. Nisbett, M.D., be employed at the Southwestern Proving Ground, Hope, Arkansas, at a salary of $300 per month plus quarters, and first indorsement, Office of The Surgeon General, March 21, 1942, file S.G.O. 201 Nisbett, James M., forwarding contract at pay authorized by Army Regulations. This contract was refused by Dr. Nisbett for the reason that the pay stipulated was not acceptable.) The contractors at non-Army-operated industrial plants are paying much in excess of the pay authorized by Army Regulations. There are a number of physicians available for such employment in this corps area at a reasonable salary but not for less than a rate of $300 per month plus quarters..... Seventh Corps Area.

A. I don't think we can change that. Regulations fix the pay of Contract Surgeons at the second pay period. The point came up in the Eighth Corps Area about hiring Civil Service Physicians. I don't know about the availability of funds for that. The ideal way, of course, is to put in Reserve officers. That's what we want to do, but we don't have the men.....Colonel Lull.

Planning and Training Division

1. Q. Has a training program been initiated for affiliated units (hospitals) after activation at military post?.....Sixth Corps Area.

   A. A training program has been initiated. A mobilization training program MTP 8-10 is being drafted at the present time and will be published on or about June 15, 1942. This program is being written in compliance with MR 3-1 and SPTRU 353 (5-20-42) which is appended. .....Lt. Col. Wakeman.

2. Q. What type of training is available to newly commissioned Medical Administrative Corps officers of affiliated units prior to activation of the units?.....Sixth Corps Area.

   A. After activation refresher courses of training are available. None available prior to activation.....Lt.Col. Wakeman.

3. Q. Number and location of enemy alien internment camps in this corps area and when to be established, if known.....Seventh Corps Area.

   A. Other than the passage of plans for hospitals and the notification of the sites that were picked, I know of nothing that has come to this office.....General McAfee. (See also, "Finance & Supply")

4. Q. Are Technicians considered as N.C.O.'s in determining type of medical kit authorized?.....First Corps Area.

   A. For the purposes of basis of issue, NCO's kits will be issued to NCO's only. Should this result in some NCO's receiving kits for which they have no use and some technicians receiving Private's kits for which they have no use, the proper adjustment of these kits within the organization is a matter of internal administration and should be handled by the Organizational Commander..... Lt. Col. Page.

5. Q. Will T/BA for Military Police Bns. (Z.I.) be issued? It is understood that these Battalions are to be increased to a strength of 800.....First Corps Area.

   A. The Table of Basic Allowances, No. 9 for Military Police Battalions was issued March 1, 1942 and the medical equipment for these units is included therein.....Lt. Col. Page.

6. Q. Is there any objection to the training of nurses' aides in our Station Hospitals providing facilities are adequate and no expense to the Government is incurred thereby?.....First Corps Area.

   A. This question has been taken up and there is objection...Gen.McAfee.

WAR DEPARTMENT
Headquarters, Services of Supply
Washington, D. C.

May 20, 1942.

SPTRU 353 (5-20-42)

SUBJECT: Unit Training of Field Medical Units by the Services of Supply.

TO: All Corps Area Commanders
The Surgeon General

1. Supplementary to War Department Circular No. 59, 1942, the following general policy with respect to unit training of field medical units is quoted for your information and compliance from WDGCT 020 (4-17-42), April 23, 1942, subject: "Medical Activities under War Department Circular No. 59":

> "4.f. In view of the fact that the Services of Supply control the majority of installations suitable for certain unit training of field medical units, the Services of Supply will organize and train numbered station and general hospitals and such other medical units as may be requested by the Commanding General, Army Ground Forces, or Army Air Forces."

2. The following procedure establishes the training responsibilities for such field medical units as may be trained by the Services of Supply upon the request of the Commanding Generals, Army Ground Forces, or Army Air Forces:

a. The Surgeon General will be responsible for the organization and training at named general hospitals of such field medical units as may be designated by the Director of Training, Services of Supply.

b. Corps Area Commanders.

(1) Will be responsible for the organization and training at station hospitals of such field medical units as may be designated by the Director of Training, Services of Supply.

(2) Will make the facilities of station hospitals available for the administration and technical training of individuals belonging to these units.

(3) Will utilize to the maximum facilities furnished by The Surgeon General in medical enlisted technician schools for the following enlisted specialists: dental, X-ray, pharmacy, medical, laboratory, and surgical technicians.

c. To insure proper sequence in the essentials of training instructions, Mobilization Training Program 8-1, "Mobilization Training Program for units in the Medical Department", will be used for the initial thirteen weeks' period of instruction for those field medical units which receive enlisted

personnel direct from Reception Centers.

d. The Surgeon General will prepare training directives to be used by those field medical units which receive enlisted personnel direct from Replacement Training Centers or which have completed the initial period of instruction referred to in sub-paragraph c above. These directives will be submitted for approval of the Director of Training, Services of Supply, prior to June 15, 1942.

3. No personnel of field medical units released for training by the Army Ground Forces or the Army Air Forces to the Services of Supply, will be transferred from such units without prior approval of the Commanding General, Services of Supply

4. The Surgeon General and Corps Area Commanders will maintain current lists of field medical units for whose training they have been specifically charged. These lists will indicate the state of readiness of field medical units to act as functional units with the field forces. The Surgeon General and Corps Area Commanders will be prepared at all times to recommend to the Commanding General, Services of Supply, specific units to be released at such times as type units may be required by the Commanding General, Army Ground Forces, the Commanding General, Army Air Forces, or the Operations Division, War Department General Staff.

By Command of Lieutenant General SOMERVELL:

/s/ Walter L. Weible

WALTER L. WEIBLE,
Colonel, G. S. C.,
Deputy Director of Training, S. O. S.

Distribution:

Commanding Generals,
Army Air Forces,
Army Ground Forces,
Assistant Chief of Staff, G-3,
Assistant Chief of Staff, Operations Division.

C
O
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7. Q. A great deal of independent experimentation has been carried out relative to the utliization of 1/4 ton trucks to augment field evacuation casualties. Is standardization of this procedure to be expected? This includes supply of necessary racks and frames..... Third Army.

A. A great deal of work has been done on this matter, and we hope to have something standardized soon. Until some vehicle is standardized, we will have to use the 1/2-ton pickup trucks with the conversion unit to make a two-litter ambulance. It is hoped to have very shortly a small 6x6 truck of the same type manufacture as the present 1/4-ton. This vehicle may prove to be exactly what we are looking for, for our attached medical.....Lt. Col. Page.

8. Q. In the directives that some of the newly activated divisions have received MTP 8-1 has been specified as a guide for basic medical training, in some instances, and MTP 8-5 in others. As MTP 8-5 is specifically applicable to Medical Department training at Replacement Training Centers this has caused some confusion. Request clarification.....Third Army.

A. MTP 8-1 is intended for medical units' basic training, initial 13 week period. MTP 8-5 is intended only for basic training given in MRTC MTP 8-10 mobile training program for numbered hospital units, second phase of unit training (after completion of basic training).....Lt. Col. Wakeman.

9. Q. It is believed that certain types of training units, particularly Station and General Hospitals, and Medical Sanitary Companies, which are in no sense tactical units, should be retained under the Service of Supply for training at stations where they can be closely coordinated with active hospitals.....Third Army.

A. See SPTRU 353 (5-20-42) referred to in Question (1).

10. Q. The number of vehicles allotted to the Regimental Medical Detachment (Inf.) is now so great that many Regimental Commanders are calling on the Surgeon to furnish a mechanic for 2nd echelon maintenance. Is the addition of a motor mechanic to the Regimental Medical Detachment contemplated?.....Third Army.

A. The vehicles set up for attached medical are to be serviced by the unit to which attached. At the present time there is being printed by the A. G. O. a reduction in vehicles for all Medical units. The vehicles have been cut materially in the medical detachments. You will have only enough to move your equipment and not personnel.

11. Q. If chauffeurs and mechanics are added to the Regimental (Inf.) Medical Detachment such a detachment will approximate company strength. Has the formation of a Medical Company for Infantry Regiment and Division Field Artillery attachment been considered?...Third Army.

A. Yes, and the answer is "no".

12. Q. There is considerable clamor for three clearing platoons with the the Clearing Company, one to support each Regimental Combat Team. ******.....Third Army.

A. We tried to get the 3 platoon idea across, but the General Staff turned us down in the Clearing Company Med. Bn. We felt that 3

platoons give a little more flexibility than two because of the increase in number, and did get 3 platoons included in the Clearing Company Med. Regt.

13. Q. Can a better designation be found for the "Clearing" Company? The present term is meaningless to the uninitiated (including 90% of the Army).....Third Army.

A. No.

14. Q. The Army Medical Regiments are being reorganized, with ambulance platoons incorporated into the Collecting Companies. This will markedly impair the flexibility of the Army Ambulance Service. What compensatory or supplemental agencies will be provided for third echelon evacuation?.....Third Army.

A. We have a separate ambulance battalion which is set up and will be equipped with the regular field type or bus type ambulances depending upon the place it is likely to be used. In addition it is somewhat administrative as to the procedure in the evacuation by the collecting companies. I think a collecting company can be put behind each division with the mission of evacuating the division clearing station. Bus type ambulances are not yet standardized and will not be issued until standardized....Lt. Col. Gorby.

15. Q. The revised T/O for a Medical Supply Depot provides that the senior officer of an advanced depot platoon might be a Dental officer.*** .....Third Army.

A. We will try to get clarification from the War Department.....Lt. Col. Wakeman.

16. Q. Will an improvised hospital train consisting of a locomotive, one hospital unit car, one baggage car and six pullman sleepers be made available to the Surgeon, Second Army, during the 1942 maneuvers? (Period desired is from August 15, 1942, to November 9, 1942.) .....Second Army.

A. Two Hospital Trains are now available and three more trains will be available by July 10, and a total of eight trains will be available not later than August 1. These are dates furnished by the Pullman Company, and it is believed that these units will be ready earlier than the dates given above, but no definite assurance of this can be had....Lt. Colonel Page.

17. Q. Numbered General Dispensaries:
(a) What are their functions in the field?
(b) What equipment should they be issued while in training?
(c) What training program should they follow?....Second Army.

A. The functions are the same as any other General Dispensary. The training should be pretty much along hospital lines. We see them being set up to give that service. The training program will be the same as that for hospitals. MDP 8-10 may be used as a training program. If these units are attached to ground forces, it is up to them to make the training program.

up to them to make the training program.

There is no definite training equipment set up. Most of them are specialists and they need little or no equipment.

18. Q. Organizations very recently organized or refilled have been ordered to overseas destinations while other similar organizations, with months of training, attached to the same army have been passed over. Is it desired that the Army Surgeon furnish his opinion as to the units currently most suitable for field service prior to the issuance of orders for movement?.....Second Army.

A. The explanation for this is that the units that are more nearly complete are frequently ear-marked and included in war plans. Some other plans come along that are more urgent and unless we have specific orders from the War Department, we have to take other units.....Colonel Wickert.

19. Q. Letter AG 221(1-18-42)EA-A as changed and amended by letter AG 221(4-25-42)EA-A authorizes numbered tactical hospitals to have the strengths and grades, including basics, shown in approved Tables of Organization, (less one half of specialists fifth class and all of specialists sixth class).....Second Army.

A. We do not intend to send them in until housing is available and 2 months prior to functioning date.....Lt. Col. Wakeman.

20. Q. Duties of Camp Surgeon and his relations with Medical personnel with combat troops. Commanding General believes The Surgeon General should publish definite instructions. Copy of instructions adopted for Fort Knox will be available at the conference.... Sixth Corps Area.

A. Something should come from higher authority. A directive will be issued to strengthen Letter of 1941.....Gen. McAfee.

21. Q. Troops of the S.O.S. at posts, camps, and stations, Corps Area Service Command units, military police battalions, ordnance depots (with the exceptions as listed in the next sentence) are considered definitely (for Medical Department service) under the control of the Corps Area Commander.*****.....Second Corps Area.

A. It all depends on how the exempted status of the station is expressed. Some stations are independent altogether and some are independent in every respect except in regard to the Medical Service.....Col. Wickert.

22. Q. The present TBA's make no provision for a trailer for the Optical Section, Medical Supply Depot. Such trailer is set up in T/O's As distribution is based on TBA rather than T/O this has caused some difficulty.....Third Army.

A. We are setting up some additional trailers for the Medical Supply Depots. The breakdown is up to the Commander; if he wants to set

them up in the Optical Section, he can.....Lt. Col. Page.

23. Q. Instructions for movement of units, directing that they move without heavy tentage, has been generally interpreted to mean that clearing companies and other medical units having hospital ward tents as part of their medical unit equipment, will move without these ward tents thus breaking up the completeness of the unit equipment. Is this interpretation correct?.....Third Army.

A. "It is not believed that a directive to leave heavy tentage behind is meant to apply to ward tents of hospital units, inasmuch as that is the same as combat equipment. However, if the Company Commander interprets an order to leave heavy tentage behind as applying to his ward tents and makes no effort to get the situation clarified by higher headquarters, there is nothing this office can do about that".....Lt. Col. Page.

24. Q. Current TBA's make no provision for cots for clearing companies. On this basis local Commanders have required clearing companies to turn all cots in, including those intended for the use of patients, and part of their unit medical equipment. Is this correct? .....Third Army.

A. "There are no provisions for Quartermaster cots for the operating personnel of field units in TBA but there is provision for cots for patients in the Basic Equipment Lists for these units"..... Lt. Col. Page.

25. Q. Is the issue of insect repellents considered to be a proper charge against the Medical Department?.....Third Army.

A. "It has been decided that the issue of insect repellents comes under the classification of pest control, and inasmuch as the furnishing of supplies for this control is a function of The Quartermaster Corps, they have taken over the issue of mosquito repellents.".... ..Lt. Col. Page.

26. Q. Page 24: Is there a published table or list showing balanced supply for stockage of Medical Supply Depot of Army or independent Corps expecting combat service overseas?.....Second Army.

A. That table will be available in sixty days. It should be in the field by then.....Captain Flynn.

Hospitalization Division:

1. Q. What will be the policy regarding hospitalization of CCC patients in Army hospitals after June 30, 1942?.....Seventh Corps Area.

A. The Surgeon General hasn't changed his policy on that; he feels that if the beds are available they should be hospitalized..Col. Offutt.

2. Q. There has been delay in returning to proper organizations, patients who have been transferred from General Hospitals and Station Hospitals located within the geographic limits of the Ninth Corps Area, to Fitzsimons General Hospital (formerly located in the Eighth Corps Area but recently included in the Seventh Corps Area) for observation and treatment. Patients belonging to CASC units have been returned direct without difficulty. Many belong to field forces and when they are ready for duty Fitzsimons has great difficulty in ascertaining the present location of patient's organization. In the case of some organizations, change of station within the Corps Area has occurred during the time the patient was absent sick. In other cases, organizations have been sent overseas. Rather than have the Seventh Corps Area burdened with the responsibility of locating proper organization (as was the Eighth Corps Area), it is believed that a better solution to the problem would be to send them to Fort Douglas (establishing a casual detachment for the purpose, if necessary) for return to proper organization, or for re-assignment to new organizations. Chief of Staff, Ninth Corps Area, desires an expression of opinion on this matter, by The Surgeon General's Office.....Ninth Corps Area.

A. In regard to that, I believe I wrote a personal letter after conferring with Colonel Hart. At that time Fitzsimons was in the Eighth Corps Area, and he said it would not interfere with Eighth Corps Area policy to set up a Casual Detachment there. It will help out to have such a casual detachment established at Ft. Douglas with notification to Fitzsimons to said Ninth Corps Area patients returned to duty there.....Colonel Offutt.

3. Q. Is there any objection to the training of nurses' aides in our Station Hospitals providing facilities are adequate and no expense to the Government is incurred thereby?.....First Corps Area.

A. The Surgeon General has objected to that right along.....Col. Offutt.

4. Q. Discuss plan of evacuation to and from Corps Area installations.... First Corps Area.

A. It has been impossible up to the present time to allot a group of beds in any general hospital or any hospital in the interior because of the shortage of beds. However, should there come a need for it, a wire to this office will set up every available bed we can lay our hands on. In connection with that, there is to be published shortly a circular from the War Department which requires certain hospital plans to be drawn up. They are going to require The Surgeon General to get from each Corps Area a statement as to his hospitalization plan within the Corps Area and require him also to make surveys as to where cases could be moved in an emergency. In addition, the last time I saw it, it called for a plan for expansion up to 100% in each hospital to take care of any emergency that might occur in nearby posts....Colonel Offutt.

The thought is that overseas patients will not go to Cantonment Hospitals. We are building a large number of general hospitals that will be able to handle the load; if we find we are getting too crowded we may have to ask for some change of policy. I

don't think the Corps Areas will ever have to go into that matter....General Magee.

There are one or two questions that I would like to clarify about Darnall General Hospital. We have not published any really clear instructions on that, and I think it is the fault of the office here that there is some confusion over the use of Darnall. Colonel Madigan tells me that he is now receiving requests from some of the corps areas for disposition, with the recommendation that the patient be transferred to Darnall General Hospital. Cases that can't be disposed of locally should still be sent to St. Elizabeths, however, west of the Mississippi cases are now being sent to Fort Worth. The application is submitted to The Adjutant General for disposition just as before except that the Secretary of War is directing that cases west of the Mississippi be sent to Fort Worth and not St. Elizabeths. Now, Darnall was established more to "pick up the slack" than anything else. It is still intended that the local hospital dispose of an insane case; either turn him over to the Veterans' Bureau, or get him to the family or State, if possible. In using Darnall to "take up the slack", we have used it up completely in evacuating the West Coast, and the result is that we have at present no beds in Darnall for utilization. We are disposing of the cases there, just the same as they are at the station or other general hospitals. We hope to expand it, but it will take some time to do so..... Colonel Offutt.

Hospital Construction Division

1. Q. Changes in QM 9004: The Chief of Engineers has been sending down changes on QM 9004, including increases on this Project 3 and 6 money for general hospitals. Does The Surgeon General intend this 9004 money to be controlled by the Corps Area for use of dependent stations or for both station and general hospitals?... ...Fourth Corps Area.

   A. The Office of the Chief of Engineers does not consider general hospitals as exempt insofar as the distribution of money through the Division offices is concerned.....Major Craft.

2. Q. Overtime pay for C & R of H Employees: This office has recently received a communication asking the question whether any provisions had been made for allowing overtime pay for C & R of H employees who work more than the required number of hours. In this connection, this office has heard in a roundabout way that overtime is being paid to employees at a few stations....Fourth Corps Area.

   A. The Office of the Chief of Engineers is looking into that, and an answer will be ready in a few days. In his opinion, time and a

half will be allowed, but it must be defended by a statement that the overtime was necessitated by an emergency.....Major Craft.

3. Q. Funds for Repair of Floors: Many stations have been asking when funds will be allotted for the repair of floors as suggested by the letters from The Surgeon General's Office concerning Chromatile, Para-seal, and Rubberlike. In this connection, this office has noted that many stations do not consider Rubberlike, and in some cases Chromatile, as being able to last under the hard usage it will be subjected to. Is The Surgeon General's Office working out some other types of floor covering or will this authorization come through for these various stations to buy this Chromatile and Rubberlike?.....Fourth Corps Area.

A. The Office of the Chief of Engineers borrowed from The Bureau of Standards the services of a man whose speciality is floors, and he was sent to nearby posts to look the floors over. The Engineers are now preparing to recover all floors with plywood and then go over them with Chromatile or similar material. At hospitals where flooring has started under the system originally intended, there is no objection to its completion. We have tried to keep sufficient funds on hand to repair these floors, but in the meantime air-conditioning and ventilation have come in, and all the letters we have received from the field for floors have been sent to the O.C.E. recommending that it be done using the new principle that has just been worked out. In the meantime, at Colonel Hall's direction, I sent letters in the last day or two to the Corps Area Surgeons (with the exception of the Second), and asked if from their pool they had any amount of money to offer us for the floors. If so, give us a priority on the floors of the stations which most need it. The reason we are faced with an insufficiency of funds is because the maintenance money was not originally anticipated to be used for air-conditioning and ventilation, which is running into a lot of money.

4. Q. C&R of H Funds: Will the quarterly report of expenditures required by paragraph 3, AR 40-585 be made after this fiscal year? .....Eighth Corps Area.

A. Until the regulations have been changed, we realize the difficulty of getting the information under present conditions, but if future happenings make AR 40-585 go "by the board", we are going to ask that the annual report continue, asking the Surgeon to state what he has been able to get done.

5. Q. Will annual report of "Construction and Repair of Hospital" be made as formerly?.....Eighth Corps Area.

A. Yes, it will be more important than ever.....Major Craft.

6. Q. New Construction - The District Engineer's new construction is subdivided without relation to Corps Area geographical boundaries. For example, Fort DuPont in this Corps Area comes under the U. S.

District Engineers at Philadelphia. Consequently, new construction is frequently initiated and approved without reference to this headquarters. This procedure makes it difficult for this office to be cognizant of proposed new medical installations. Recommend all proposed new Medical Department construction be initiated locally and transmitted through Corps Area Headquarters for recommendation.....Second Corps Area.

A. Colonel Hall suggested that the matter would have to be worked out as far as we can with the Office of the Engineers. We are quite at a loss at the moment as to how the utilities setup and the construction setup is working and will work.....Major Craft.

7. Q. Medical Department Maintenance and Repair Funds - In view of merger of C & R of H funds, B & Q, etc., into appropriation title, "Engineer Service Army 1942-43", as published in FC No. D-8, C-5, dated March 6, 1942, request to be informed if the provisions of AR 40-585 remain applicable. Recommend the provisions of AR 40-585 be carried out as heretofore....Second Corps Area.

A. The answer is "yes", until new regulations are published..... Major Craft.

8. Q. Under this new setup of consolidating all construction and repair funds, will the utilities officer have absolute control over civilian employees paid from C & R of H Funds.

A. It will be under the new setup. The way the Engineers have it now, the answer is "Yes".

9. Q. Will these funds still be expended upon the recommendation of the Surgeon of the Post, or will they be expended and accounted for only by the Utilities Officer?

A. Although technically the Engineers are in control, it remains that the Surgeon is working with the Post Commander to put his desires over, and since the utliities officer is still under the Post Commander, he could tell him what to do.

10. Q. Will funds be allotted in the same manner as C & R of H Funds, or will request have to be made each time an expenditure is required?

A. It looks as though a request will have to be made every time.

11. Q. Reference to the approval of the construction projects, will Corps Area Commanders have authority to approve projects up to and including $5000.

A. That's the way the present regulation is set up, but the Engineers, may make other recommendations.

12. Q. Will all new projects have to be forwarded to The Surgeon General's Office for consideration?

A. I think they should. If projects are received in this office they will be forwarded to the Office of the Chief of Engineers with recommendations of this office. If projects are received directly in the Office of the Chief of Engineers, it is understood that that office will refer them here for remark and recommendation.....Lt. Col. Crandall.

13. Q. Ventilation Cost: SGO Circular Letter, Subject: "Ventilation in Cantonment Type Hospitals", dated April 27, 1942, Par. 5, states that cost of ventilation should not exceed $225 per building. It is the opinion of this office that this limit includes cost of equipment and cost of whatever installation is required, and not cost of equipment alone. Is this correct?

A. The office worked up, with the help of the Engineers from Chrysler Airtemp and Carrier Company, all this background for ventilation, with the Hunder Fan Company and others assisting. The original idea was that $225 would cover the cost of the fans and some part of the installation. The general plan was that local funds would aid in putting this over and that local carpenters and other mechanics would help. If $225 and local money is not sufficient, I have already sent up several to the Chief of Engineers at somewhat higher cost....Major Craft.

14. Q. Can the Corps Area Commander authorize expenditure up to $5,000.00 E.S.A. Funds for -
(a) Hospital alterations without material structural change?
(b) Rubber-like floor covering?
(c) Replacement or repair of roofing material.....Ninth Corps Area?

A. The Commanding General can authorize up to that. (a) The way they are handling it now, as nearly as I can find out is that the Division Engineer working with the Commanding General approves those things. (b) Rubber-like floor covering will probably not be approved, since they intend to use a new principle of a covering over plywood. (c) The answer is "Yes".....Major Craft.

15. Q. Are E.S.A. Funds specifically allotted for maintenance and repair of hospitals, as heretofore, under C& R of H?.....Ninth Corps Area.

A. There is nothing new earmarked under the present plan...Major Craft.

1. Q. Is there any objection to the establishment of a Central Corps Area Dental Laboratory? If not, will adequate supplies and experienced officers be made available?.....First Corps Area.

   A. If you can show there is enough work to warrant the establishment of a laboratory, we will consider it, but we feel that the Central Dental Laboratories now established are sufficient to take care of the laboratory requirements for all small stations since large camps all have their own laboratory facilities.....General Mills.

2. Q. It is suggested that SGO letter, January 15, 1942, Subject "Monthly Dental Reports", be considered. * * * .....Fourth Corps Area.

   A. No change considered advisable at this time as dental reports are wanted in the SGO with the least practicable delay. If reports upon reaching the Corps Area Surgeon's office are found to contain errors, there is nothing to prohibit the Corps Area Dental Surgeon from writing back to the Camp Dental Surgeon calling his attention to the errors and suggesting corrections for the future, but the report should be forwarded to the SGO.....General Mills.

3. Q. Suggest that steps be taken to modify places of dental clinic buildings in order to eliminate the useless laboratory room in dental clinic buildings at camps where more than one clinic building is to be constructed and where only one laboratory is to be operated, the space could be utilized for additional operating units.....Fourth Corps Area.

   A. This question is to be taken up with Colonel Hall, but it is believed that 25 chairs is sufficiently large for any one clinic, however, there is no objection to utilizing this space to any advantage considered necessary by the Camp Surgeon.....General Mills.

4. Q. Partitions between the x-ray room and operating rooms should be leaded to protect individuals in adjoining rooms from possible x-ray burns.....Fourth Corps Area.

   A. I personally don't see how one little dental x-ray unit could be of danger to people in adjoining rooms.....General Mills.

5. Q. What are the prospects of obtaining equipment and technicians to fabricate vitalium dental replacements at the Central Dental Laboratory at Fort McPherson, Georgia..... * *.Fourth Corps Area.

   A. None. At this time this may be considered a luxury type of replacement and the two Central Dental Laboratories now equipped for this type of work are considered sufficient.....General Mills.

6. Q. The channel through which the Monthly Dental Reports from Air Corps and other independent stations are forwarded is still somewhat undetermined.....Fourth Corps Area.

A. A directive is being prepared by the Air Surgeon's Office regards the report for the Air Corps Stations. Independent stations should forward their reports through the Corps Area Surgeon.....General Mills.

7. Q. Will mobile dental laboratories be assigned to Third Army in time for summer training? No field laboratory facilities (chest 61-62 MC) now available in some divisions.....Third Army.

A. No. They are now in the research stage; we have one being constructed at Carlisle and it will be quite some time before they will be available, if approved.....General Mills.

8. Q. Will Dental Officers be assigned to Tank Destroyer Battalions? None on present Tables of Organization. 759-850 men. Difficulties. ....Third Army.

A. Army Surgeons should request the assignment of the Dental Officer and recommend that T/O be changed. This office will make an effort to comply with the request and recommendation.....General Mills.

Statement by General Mills regarding the accelerated dental program:

"In discussing the accelerated dental program, necessary due to the reduction in dental requirements for selectees, it was recommended that number of Dental Officers placed on other duties than professional work should be reduced. It was brought out that at some camps dental officers were assigned to various other duties. At one camp the number so assigned were five."

1. Q. Will future planning include a building suitable for the conduct of veterinary activities in cantonment camps? ... Sixth Corps Area.

   A. An A-4 QMC 700-251 type of building will be provided for the Station Veterinarian at those posts not having veterinary hospitals. ... General Kelser.

2. Q. Will authority contained in Radio, 277 WAR p 95 WD, July 1, 1941, amended by Radio, 141 WAR Q 77 WD, dated October 17, 1941, authorizing Corps Area Commanders to detail veterinary officers under their jurisdiction to make point of origin inspection of food products purchased by Quartermaster Market Centers be extended to include veterinarians assigned Air Corps and Central Defense Command Stations? ... Sixth Corps Area.

   A. No, because veterinary personnel under Air Corps jurisdiction are not subject to corps area orders. The commanding officers of the Air Corps installations, however, will be authorized to detail veterinary officers under their jurisdiction for such inspections on request of the Quartermaster Depots or Market Centers. ... General Kelser.

3. Q. With such small veterinary detachments and with no reservations for transfer of any or all veterinary officers to foreign service, it is essential that this corps area have authority to make replacements without waiting to make request on the War Department. ... Ninth Corps Area.

   A. As you probably know, we have set up Veterinary Replacement Pools in various parts of the country including one at Seattle and one at San Francisco. The Ninth Corps Area has on a number of occasions taken officers out of these pools to meet personnel contingencies. Because of the distance and time required and the importance of promptness in the filling of vacancies in some of these cases, we have not raised the point that personnel in the pool are intended for assignment by War Department orders. This has not gotten us into difficulty when we have been notified by Air Mail in order to prevent the possibility of duplicate orders being issued to the same man. Our distribution of veterinary Reserve officers is such that it is frequently necessary to order to duty officers residing in one corps area for service in another, thus, if corps areas were given authority to make replacements without reference to the War Department there would be difficulties arising through different orders being placed on the same individual. ... General Kelser.

4. Q. Request that when personnel section, S.G.O., submits names of veterinary officers for assignment outside the corps area, at the same time the names are submitted, the personnel section requests the War Department to authorize this corps area to order the replacement to extended active duty. ... Ninth Corps Area.

A. Questions 3 and 4 overlap. The same answer applies to both questions. ... General Kelser.

5. Q. Question regarding the purchase of milk in one-half pint bottles. ... Ninth Corps Area.

A. This is being taken up with the Subsistence Branch of the Quartermaster General's Office. The answer is not as yet available. I know that in some instances where dairy firms having large supplies of half-pint bottles and equipment for handling them, and who find it difficult to obtain supplies and adjust their equipment for quart bottles, they are being permitted to continue to supply milk in half-pint containers. ... General Kelser.

6. Q. What is the basis for assignment of Veterinary Corps officers and enlisted personnel, Corps Area Service Command installations? ... Sixth Corps Area.

A. AR 40-2035, Par. 1, gives a general rule based on the animal complement of posts and stations. This, however, has been changed, especially since many posts do not have animals, and the veterinary service at such places is concerned only with food inspection activities. For Veterinary Station Hospitals in the Zone of the Interior the following figures have been authorized for planning purposes:

	Officers	Men
Veterinary Hospitals of 25-stall capacity	1	11
" " 50-stall "	2	20
" " 100-stall "	3	56
" " 200-stall "	5	99
" " 500-stall "	11	269

At stations not having animals, and where the veterinary service is concerned only with food inspection, veterinary personnel are assigned according to needs. There can be no set rule for this, based strictly on the number of individuals on the post. The personnel requirements will depend upon the location and number of such nearby sources of food supply as may be involved, the character and distribution of organizations on the post, etc.

Tactical organizations are, of course, supplied personnel in accordance with tables of organization. ... General Kelser.

7. At this point General Kelser discussed the new Quartermaster Market Centers:

When the OPM came into the picture, they cooperated with the Quartermaster General's Office in the reorganization of the procurement system. This was of interest to The Surgeon General's Office, at least insofar as it applied to the procurement of perishable subsistence items which we inspect. There were set up about 30 Quartermaster Market Centers located in suitable places throughout the

United States. These are independent stations operating directly under the Field Headquarters of the Quartermaster General's Office in Chicago. In making purchases they have authority to modify Federal specifications, within reason, to overcome procurement difficulties and take advantage of market conditions, etc. When the OPM went out and Mr. Nelson's group came in, the Quartermaster Market Center procurement system was one of the things maintained in its entirety.

These Market Centers buy all fresh fruits, vegetables, butter, eggs, poultry, cheese, fish, and fresh meats with a few exceptions. They are letting huge contracts for supplies to our large camps and posts throughout the United States. The amounts of food supplied under these contracts are such that when they reach a camp a difficult situation would arise should it then be found that Federal specification and contract requirements had not been met. To obviate happenings of this sort the Veterinary Corps is conducting a vast amount of point of origin inspections to insure that the proper items, in proper condition, are shipped.

A word about commissions in the Veterinary Corps. There has been some misunderstanding within the past few weeks regarding commissioning of veterinarians in the Veterinary Corps and veterinary students in the Medical Administrative Corps. The Secretary of War has approved a plan whereby veterinary students in the various accredited colleges will be given a commission, if qualified, in the Medical Administrative Corps in order that they may complete their college work without being called out by draft boards. These commissions will be granted by the corps area commanders.

A question has come up as to what would be done in the case of this years graduating classes. We still have between 400 and 500 officers in the Veterinary Corps Reserve who have not as yet been called to active duty. Until this number has been reduced no procurement objective will be set up for the commissioning of additional veterinary officers in the Veterinary Corps, Army of the United States. This years graduates cannot, therefore, be commissioned directly in the Veterinary Corps, Army of the United States, as some have thought.

In the case of the veterinarian who happens to be inducted into the military service under the Selective Service and Training Act, after he actually enters the Army, he may apply for a commission and, if found fully qualified, be commissioned and placed on active duty thereunder. This does not, however, apply to individuals who voluntarily enlist with a view to obtaining commissions.

After the students in the MAC graduate in veterinary medicine they will be discharged from their MAC commissions if they are not selected for recommission in the Veterinary Corps, Army of the United States, within three months after graduation. The chances for selection will depend upon requirements within prescribed current procurement quotas. ... General Kelser.

1. Q. In the case of affiliated unit nurses ordered to active duty, will a serial number from the Corps Area Surgeon's block of numbers be used, or will serial numbers be obtained from the S.G.O.?.....Sixth Corps Area.

Comment: A nurse of an affiliated unit was assigned to active duty at Ft. Sheridan, Illinois, by this office. A Corps Area Serial block number was used and later it was learned that the S.G.O. had already assigned this nurse a serial number.

A. All appointment orders for nurses for affiliated units are prepared in the Office of The Surgeon General, and the serial number from the block assigned to The Surgeon General's Office is given each nurse. The Corps Area Commanders are requested in all cases to place travel orders on nurses of affiliated units. Recommendation for such orders is forwarded from this office to the Adjutant General for appropriate action. The Serial numbers for nurses assigned to affiliated units are assigned from this office.....
Lieut. Col. Blanchfield.

2. Q. Can transfer of nurses, now on active duty, to affiliated units to which they belong be effected by the Corps Area upon notice of the activation of such units?.....First Corps Area.

A. Upon activation of an affiliated unit, all nurses on active duty with the Army at the time of the activated unit are transferred by the War Department on recommendation of The Surgeon General's Office.....
Lieut. Col. Blanchfield.

3. Q. From what companies can nurses purchase suitable summer uniforms at reasonable prices?.....First Corps Area.

A. Uniforms may be purchased from the following firms:

Klein & Klein, 500 - 7th Avenue, New York City. Light uniform--$19.75.

Augstein's, 1384 Broadway, New York City. Dark uniform in mohair and cotton nap--$12.75.

Bernard Appel Inc., 35 Kneeland Street, Boston, Massachusetts; 1410 Broadway, New York City. Light uniform--$12.75. Dark uniform in rayon--$12.75. Dress in dark blue rayon--$12.00.

Knox Hat Company, 417 - 5th Avenue, New York City. Hats--$3.00.....
Lieut. Col. Blanchfield.

4. Q. What answer should be given officers who inquire as to where nurses are secured for their hospitals; such as, for the Third Auxiliary Surgical Group.....Eighth Corps Area.

A. Nurses for all numbered units, particularly those organized for shipment to overseas bases are procured by The Surgeon General. Upon activation of a unit, The Surgeon General's Office will procure the necessary nurse personnel and initiate orders for their transfer to a staging area.....Lieut. Col. Blanchfield.

5. Q. A good many nurses are being discharged from the service because of marriage. About 100 have been discharged in the Third Corps Area for this reason. Is it recommended that married nurses be retained in the Service so long as physically qualified.....Third Corps Area?

A. The subject of retaining married nurses in the service was deliberately considered before the present policy was adopted. Up to this time, no logical reason has been established for changing the policy.....Lieut. Col. Blanchfield.

6. Q. Considerable delay in the discharge of nurses is due to the centralization of authority for their discharge in the War Department. Could not this authority be delegated to Corps Area Surgeons to advantage?.....Third Corps Area.

A. No reason is known why the discharge of married nurses needs to be especially expedited. Nurses who marry in the service will be discharged for unsuitability for the service, but no reason is known why these nurses should not be kept on duty until such time as suitable orders are received for their release.....
Lieut. Col. Blanchfield.

7. Q. Is it intended to give additional promotions to members of the Army Nurse Corps holding key administrative positions in large stations and Corps Area Headquarters?.....Third Corps Area.

A. At the present time, no provisions have been made for higher grades than those created by law except, of course, in the case of the Superintendent and First Assistant Superintendent. Additional grades with the rank of Major would appear to be appropriate at this time and would meet with the approval of the Nursing Service.....
Lieut. Col. Blanchfield.

8. Q. Can nurses be made available for duty under field conditions with the Evacuation Hospitals during the 1942 maneuvers? The problem of utilizing nurses in the field presents many complexities with which we have had little experience. The solution can be determined only through practical application.....Third Army.

A. It is contemplated that no difficulty will be experienced in procuring an adequate number of nurses for field service during 1942 maneuvers. They will be placed on temporary duty in the field in the same manner as was employed during 1940 and 1941 maneuvers.....
Lieut. Col. Blanchfield.

9. Q. Has consideration been given to provision of ratings and greater number of higher grades for nurses? Chief nurses for administra-

tion should be provided in the proportion of one to each 30 duty nurses, with a principal chief nurse at each point where more than one chief nurse is provided. Additional chief nurses should be provided as Operating Room Supervisors, Day and Night Supervisors, etc. Nurses who have specialized should have their attainments recognized by ratings and increased compensation.....Third Army.

A. The ratio of chief nurses to nurses and special ratings with increased compensation for certain highly specialized groups as recommended by Third Corps Area is concurred in by the Nursing Division.

The table of Organization as it now stands was approved by War Department Planning Board prior to 1940. Whether or not this Table of Organization should be changed at this time might well be taken into consideration.....Lieut. Col. Blanchfield.

1. Q. Women's Army Auxiliary Corps - The hospitalization of women in the Women's Army Auxiliary Corps at Army hospitals presents problems, especially because of existing limited segregation of beds in our Army hospitals. Women patients on officer and enlisted status would indicate the need of duplication of present dispersion of beds. The places where it is anticipated that the W.A.A.C. will be stationed should be known by the field at the earliest practicable date, in order that Surgeons concerned may initiate letters giving justification for necessary new construction required to meet this need.....Second Corps Area.

A. We haven't yet found out exactly where the W.A.A.C. is going to be stationed. I have asked Mrs. Hobby and Major Tasker to try to bring a reply. The initial plan was that the largest group taken in initially would be The Aircraft Spotters that they now have out and will continue to have out in small groups. Hospitalization and treatment would probably have to be given to them by private physicians; in other words, they would get treatment as an emergency measure. They do plan to station on an Army post not less than 50 and preferably not less than 100. In that case we will have to determine where they are going to be placed, and if expansion is necessary in a hospital, it will be had. If no more than a hundred are put on a post, it would mean only four or five additional beds, and I think that a great many hospitals could absorb that in the nurse's ward.....Colonel Offutt.

Gentlemen, suppose I give you the general background with which you are all familiar--that the primary purpose of the W.A.A.C. is to replace soldiers on noncombatant service in the Army of the United States. There position is under the Commanding General of the Administrative Service, somewhat similar to the National Guard Bureau. We might now discuss the War Department Directive on it..... Director Hobby.

At the present time the War Department Directive states that we will provide out of the first year, three-fifths of the members of the Auxiliary Corps to the Aircraft spotting service. Of the balance, twenty-seven companies will go to the Corps Area Service Command (These companies each consist of 150 officers and auxiliaries) and two light companies will go to the Army Air Forces. The bill states that the maximum number will be 150,000 in the corps and the President has stated that for the first year this number will be limited to 25,000. According to present plans, we expect to have 17,000 by June 30, 1943. That limitation cutting down below 25,000 is caused by the limitation of facilities at the training school. The training school has been established at Ft. Des Moines, Iowa, and the eventual capacity of the school will be approximately 7,500. We are starting off as slowly as we possibly can in order that the foundation will be secure, and we expect that the expansion after January 1 will be faster than we anticipate at the present time. We already have demands for 50,000 women to replace men.

There are two sets of regulations which were drawn up, one was for the organization as it now exists, that is, with the army, and the other one is for the organization in the army. It simply means that we changed "enlisted men" to "enrolled women" wherever that name applied and then added such other features as were necessary because of the fact that we were dealing with women and not with men. The regulations in most places refer to army regulations and state that the army regulations will apply where they can be made applicable. The regulations are covered in about ten sections, the first section is on organization, and goes into the duties of the various officers and auxiliaries; the second is on appointment and enrollment; third on promotion and demotion, following in general the procedure for officers and enlisted men in the army; fourth on types of discharges; fifth on training; sixth on the use and wearing of the uniform, accessories, and equipment; section 8 covers hospitalization and medical care--that follows as closely as possible the care given to enlisted men, because the bill states that the women will be given the same type of treatment; then there is a miscellaneous section on military courtesy, supplies, funds, and correspondence; and a section on pay and allowances. These regulations will be ready for distribution at the end of the week and will be available at each of the Corps Area Headquarters..... Major Tasker.

The Training School at Ft. Des Moines is going to be a three-ring circus just as rapidly as we can bring it to that point. We will start out initially about July 15 or 20th, fundamentally dependent on the recruiting program, with a six-weeks' course for Officer Candidates. In that course, we will have 400 white women and 40 colored women, all very carefully selected. We do not propose to give commissions initially to all women who complete that course. A number may continue throughout the entire period of the corps as noncommissioned officers, possibly even as auxiliaries. A small portion will be commissioned as officers immediately at the end of the course. We will give certificates of capacity to those who aren't commissioned in order that we may commission them later as we require their services. Two weeks after the opening of the Officers Candidates' Course, we will open our first special basic course, which will be given to a very small number, 330, which we are bringing in just as early as we can in order to provide administrative training at a very early date for noncommissioned officers of the Aircraft Warning Service and at the same time to provide a school detachment. You will understand that we are opening this school with officers and enlisted men. We contemplate just as rapidly as we find practicable replacing both officers and enlisted men at the school with W.A.A.C. officers, noncommissioned officers and auxiliaries. Two months after the opening of the first officer candidates school we begin our regular series of courses for basics. The basic course in every case is four weeks. The fundamental conception of that course is to accustom the women to living in groups, to familiarize them with Army life, to give them a picture of the Army, teach them to drill, and instill in them the necessary elements of military discipline. Depending upon what they are to do following

that, they either do or do not receive a specialist's course of eight weeks. Now we have the three-ring circus I referred to: The Officer Candidates Course, the Specialist Course, and the Basic Course. Initially, and by initially I mean as soon as the basic training is completed, we will be running three specialist courses--one for Cooks and Bakers, since the auxiliaries will establish and run their own messes, one for chauffeurs and one which for lack of a better name we have called an administrative course which will qualify W.A.A.C.'s both to act as noncommissioned officers in all units and to serve in administrative capacities in Corps Area Service Commands. At the start, specialist training for the Aircraft Warning Service will be given by that service. They plan that Des Moines hold about 1100. It is being expanded by the Chief of Engineers to such capacity that by April 1 we will be running at full capacity. We work up to that, of course, in a series of increases in personnel. From that time on, assuming that there is no further expansion at that particular place, we will take in 500 a week.....Colonel Faith, Commandant of the W.A.A.C. Training School at Ft. Des Moines.

The recruiting setup was designed to try and find some way to reduce 30,000 applications down to 350, or at present, 440, who will eventually be selected, and still do it within a reasonable time and not make too many mistakes. This schedule is cut very, very close, and even at that it commences 47 days before starting the school. The first recruiting day is today. That allows ten days for the applicant to go to any recruiting station, get the application blank and the information folder and ask any questions, take the blank home, fill it out, and return it by mail or in person to any of the main recruiting stations. If they send it by mail, it will be looked over and if properly made out and eligible, they will be told when to report for examination. With that application, the applicant will attach proof of citizenship, birth date, a certificate of high school education or its equivalent, and this little form on the front of the application folder. The purpose of that was not that it would take the place of a complete physical examination, but that in all probability there are a great many women whose own family physician would know that they couldn't possibly meet anything approximating an Army examination, and that would allow the family physician to say, "Well, Mrs. Jones, you just can't do it". That would save the trouble of throwing out obviously ineligible applicants. The next step is to appear at the main recruiting station, either with the forms or by reason of being summoned. They will be given a mental alertness test for the purpose of eliminating those who apparently, from the test, will be unable to learn. It isn't an intelligence test; it isn't anything except to prove that they still have sufficient elasticity of mind to be able to benefit by further instruction. The test has been correlated by the Personnel Division of the Adjutant General's Office, with the general classification test in terms of scores and passing marks set at 110, as is the general classification test for officer candidates. If they get a score of 110 or more, they will go to two women interviewers, who will talk with them and size them up again, not with the idea of selecting them, but with the idea of eliminating those who are manifestly not officer material. If they pass these interviewers they then go up for a physical examination. We put the examination

at this stage because we wanted to eliminate as many as possible before throwing the burden of a lot of physical examinations on the Medical Department. After they have gone through these three steps, they go home and the papers are forwarded to the Corps Area Headquarters. The Corps Area Headquarters will look over all of the applications which have been forwarded to them, and select from that group 120 whom they will summon to Corps Area Headquarters for a further interview with the idea in mind that of the 120 they will forward to Washington 60 applications for consideration by the War Department. The Corps Area Representative of the Corps Area Commander, the officer named by him, and of course the representative of the Corps Area Surgeon will go over these. In addition there will be a woman picked by the Corps Area Commander and a woman sent out by the Director of the W.A.A.C.'s who will advise on the selection of the 60 applications to be forwardd to the War Department. It has been suggested to the Corps Area Commander that both these women in the main recruiting station, as well as those in the Corps Area Headquarters will be selected from women who have had personnel work, either in the commercial field or in the Y.W.C.A., preferably mature women who have had considerable experience in supervising, selecting, and handling women in industrial or commercial life, or other activities. The representative of the Director will take the 60 applications which are recommended by the Corps Area, and come to Washington with them. Here in Washington, these 540 applications will be gone over and final selection made by the War Department. The names of those finally selected will be sent to the Corps Area Commanders involved, who will notify them when to appear to be sworn in and sent to school.....Major Macy, Recruiting Officer of the W.A.A.C.

I believe at Fort Des Moines there is a 50-bed hospital with facilities either being constructed now or finished for expansion of 25 beds. The need for expansion has been furnished the Surgeon General, also the program of our expansion as far as personnel is concerned, with the request that the plans for expanding the hospital be included in the expansion program at Fort Des Moines.....Major Tasker.

Q. What about the use of women doctors?

There has been a request for two women doctors at Fort Des Moines upon the opening of the School, with any increase of officer personnel to be women doctors. I believe also that the Surgeon General has tentatively set up a ratio of five women doctors to 1,000 auxiliaries throughout the Corps. That is not going to work out when we separate. These doctors are to be employed by contract and will not be commissioned in the W.A.A.C.'s.

Courses in personal and sex hygiene will be given at the W.A.A.C.'s training center, more or less the same type of course for the women as is given to the men on the question of personal hygiene, and periods have been allotted for the instruction in sex hygiene. We want a competent woman doctor to be on the post for the instruction.

The question of periodic physical examinations is a difficult one.

The Director wanted this, however she realized that there are a great many difficulties to be met. It definitely is a problem for the Post Surgeon.

The recreational program-- In talking with the surgeons in this office, they have stressed the need for a thorough recreational program at the post. The social life of the women, as I see it, when they go to one of these posts, is very much restricted as far as the use of the regimental recreational rooms and the post exchanges is concerned. I understand they are overcrowded at all times. We have provided in the building facilities a recreational or day room, with a sub-post exchange. It is not contemplated that they will be excluded from the use of the service club or attending dances.

The question of physical training at the school-- We have a program of drill without arms, because this is a noncombatant unit, one period five days a week during their school course. In addition we have a program of training which includes a short period of calisthenics and organized sports. We have arranged for a capable physical culturist.

Another question is the commuted status of members of the W.A.A.C.. You all know more what is needed than we do. There are soldiers and officers on a commuted status in all cities, and I would judge that the service available to them will be available to members of the W.A.A.C.'s.

Hospitalization--At posts and camps hospitalization presents another problem for the doctors. It requires another ward for the women and either meals served in the rooms or a separate dining room, and there again is something that I don't feel competent to talk about, because all of you doctors know exactly how you can handle a thing of this sort. The use of women doctors is exactly the same, the physical examinations are the same, and the recreational program will be very similar to that at the school except there will not be an opportunity for much drill, because these women are similar to the Headquarters Company of any unit. They are a clerical force.

The next step is the treatment of veneral disease cases. There is no intention of discharging members of the W.A.A.C.'s for contraction of such a disease, and it is anticipated that they will be treated the same as enlisted men.

The disposition of pregnancy cases comes under two headings: The first one presents no problem. If the girl is married, she is discharged, goes to her home (if her husband is in the service, he has to provide some home for her) and of course the discharge she will get is honorable. If unmarried, the member will be summarily discharged. That's as far as the regulations go. Naturally certain burdens rest with the Army and with the Women's Army Auxiliary Corps to see that such cases are properly taken care of through civilian facilities after discharge.....Major Tasker.

PHYSICAL EXAMINATION OF APPLICANTS FOR ADMISSION TO THE WOMEN'S ARMY AUXILIARY CORPS

The physical fitness of applicants for admission to the Women's Army Auxiliary Corps will be determined by one or more medical officers. Applicants will be carefully questioned about their medical histories and present health. Special inquiry will be made and recorded in each case in connection with diseases peculiar to women. The examination will be thorough in order that only those will be recommended for acceptance who are physically able to perform the duties required. X-ray of the chest and serological test for syphilis will be routine procedures as a part of the examination.

Physical standards.--In general, due consideration being given the difference in sex, the standards prescribed for enlistment in MR 1-9 for general military service will apply except as regards those pertaining to height, weight and chest measurements.

The weight for age and height for applicants for the W.A.A.C., is the same as that prescribed for applicants for The Army Nurse Corps (AR 40-100).

Besides the conditions common to both men and women which are listed as causes for rejection for general military service in MR 1-9, the following are additional causes for rejection for service in the Women's Army Auxiliary Corps:

a. Pregnancy.

b. Infections or new growths involving the female organs (the breasts included).

c. Congenital abnormalities or lacerations of the birth canal of a degree to cause incapacity, in the discretion of the medical examiner.

d. Incapacitating menstrual disorders. (Amenorrhea per se is not a cause for rejection when secondary to menopause or surgery which was performed for a benign condition.)

e. Other gynecologic conditions which in the opinion of the medical examiners are disqualifying for admission to the Women's Army Auxiliary Corps.

1. Q. The responsibility for investigating problem cases of Selective Service registrants should be delineated so far as pertains to local board and the Army induction Board. The local boards should be required to forward any information which it has received, regardless of the source, to the Army Induction Station for consideration at the time of physical examination and that those cases which cannot be acted upon at that time should be admitted to an Army or other Government hospital, as provided in paragraph 10d (2), C. 19, MR 1-7. Where such hospital is not readily accessible, it is believed that, wherever practicable, registrants should be transported to such hospital in lieu of hospitalization in a civilian hospital. Cases where observation for a long period of time is required should be marked "Class I-A, suspended," and returned to the local board for further observation and subsequent re-examination by the Army Induction Board. .....Second Corps Area.

A. Selective Service has stated that they want the rejection or the acception cut sharp. That is, you reject or you accept. If you reject and there is reason to believe that this rejection has been erroneously made, either because of deception on the part of the registrant or for any other reason, the local board will attempt to investigate and report on the question. If necessary, they will refer it to the Selective Service Medical Advisory Board and get an expert opinion from the proper specialist on the Board; if it is determined that an error has been made in the opinion of these experts, the man will be re-presented at a subsequent date to the induction station. We are particularly interested in those cases when we believe that deception was used. Of course the question of hospitalization belongs wholly to the Corps Commander. Now, in reference to "Class 1-A, suspended," that has been established by MR 1-9, but it was not for this purpose. "Class 1-A, suspended," was equivalent to Selective Service" Class 1-A, remediable." That is, it is to be confined to those cases where Selective Service will attempt to rehabilitate.....Colonel Eanes.

2. Q. Closer cooperation and coordination between The Surgeon General's Office and Selective Service Headquarters relative to physical examination of the selectee.....Fifth Corps Area.

A. As far as cooperation between the S.G.O. and Selective Service is concerned, we feel that it is good. We have given a lot of time to it, and we hope to be able to cooperate better in the future..... Colonel Eanes.

3. At this point Colonel Meehan presented charts, examination statistics, from different localities, compiled from reports of Selective Service rejections.

After explanation of the chart by Colonel Meehan, and a general discussion by all present, it was felt that a medical officer should be assigned to the office of the C. A. Surgeon, whose specific job

would be to visit all local boards in the field, in order to coordinate work between the local boards and the Army Board.

Following this presentation Lieut. Colonel Wanvig made the following pertinent remarks:

It is very gratifying to me to know that it has been decided to provide a Medical liaison officer in each corps area because I sit at the line between Selective Service and the War Department and have an interest in both sides of this question. I am very conscious of the rough spots that have developed in the points of contact between the two agencies. I am very gratified to know that you gentlemen have agreed that it is desirable to have such an officer because from what I have had an opportunity to observe during the past year or so, I can think of nothing that is more important than to have a competent medical officer who will perform within his professional sphere, duties comparable to that of the corps area liaison officer.

Since it has been agreed that such an officer is desirable, it is assumed that one will be appointed if and when the personnel becomes available. The only point left is to consider whether he should be assigned to the corps area surgeon's office or to the liaison section. I understand that you have discussed this point and have already passed upon it, however, I hope I may speak a little in favor of the other side of the picture. There can be no doubt that the medical liaison officer must be under the professional guidance of the corps area surgeon and report to him in all matters because his work will be a responsibility of the corps area surgeon and he should be able to use him with the utmost freedom. However, I think I can understand your point of view and in a measure, sympathize with it because not so long ago, the question came up of breaking up artillery regiments and putting the battalions under control of the infantry commander and every artilleryman that I know protested loud and as hard as he could that to put an artilleryman in the smaller units under the direction of an infantry commander was unheard of. That was done, however, and from the experience that has developed since, I think that there are very few artillery officers who will not now agree that it was a fine step in welding the artillery-infantry team.

I think something of that kind applies to this medical liaison officer. Colonel Eanes has spoken this morning on the work to be done in the states and there is no need to go further into the matter except to emphasize it.

I am sure you gentlemen are very keenly aware of the work that is necessary to be done in the supervision of your examining teams. During my trip around the various corps areas, I saw this matter handled in various ways and in one or two of them I saw some splendid records being kept which indicate exactly where the rough spots were and who was riding his hobby or perhaps his "allergy" as to some particular defect but like many statistics their value depends upon how they are used. When valuable information of that

kind is developed, someone should be available to go immediately to a station that is out of line and crack down on that particular station or upon the individual responsible. It seems to me that the fine statistics which are being gathered could be put to more valuable use.

On the Selective Service side, I think I have been more conscious perhaps than anyone else of the wide gap that still exists between Medical personnel of the Army and Selective Service countrywide. They started, of course, from very different beginnings, very different viewpoints and very different training and this applies to the officers in the state headquarters as well as the Medical officers. While everyone has struggled manfully to come to some good understanding of what the other's problems are, nevertheless, there has not been enough liaison, - enough training together, - so that there will be not only a better understanding of other fellow's problem but also a more sympathy toward it. To do that requires time; requires getting to know the people involved as intimately as friends. For that reason, I think that a Medical liaison officer can best serve the Army and Selective Service and, therefore, the nation as a whole, by spending a good deal of the time in state headquarters getting acquainted with the Medical officers there and educate them as to the Army's requirements.

It is believed by us here that this could best be accomplished by putting that Medical officer in the liaison section so that he will be free to travel at any time and to any spot where he could do the most good and where he could be in daily contact with what is going on between Selective Service and the Army as learned through the liaison section. Perhaps the use of the word "assigned" in the notes which were sent out was not altogether fortunate because it makes no great difference whether the officer is assigned to the liaison section or whether he is attached to it or loaned. I would be sorry to think that the terminology used had any effect upon the decision reached because the point to be arrived at if and when the Medical personnel becomes available and you find a man who could represent you and the corps area commander in medical matters, is to put him in the liaison section where he can learn all there is to know about the relationship between the Army and Selective Service, becoming steeped in the whole atmosphere and then apply his professional knowledge to the professional problems involved. I believe that this will work better than anything we have conceived up to date.....Colonel Wanvig.

Lt. Colonel Hayden, G.S.C. - Chief, Enlisted Branch, Military Personnel Division, Services of Supply.

Colonel Anderson asked me to give you gentlemen a few of my ideas on the induction and expansion problems confronting us. Any views or statements will be those I have received at conferences and as a result of directives. Policies, as you know, are subject to rapid change, therefore, please accept my statements as personal opinions. My statements will cover what I think are the present policies of the personnel people in the War Department, but I can't say they are fixed policies.

We feel that Selective Service has done a tremendously fine job in producing man-power. Selective Service has a job to produce and the War Department has a job to train and utilize. General Hershey is constantly being urged to let down the bars and take everyone into the Army. The lower the physical or mental standards, the better it is as far as the Selective Service crowd in the backwoods is concerned. It is much easier and much better for a Board in Mississippi to send in the riff-raff. It would be much easier and much better for the local morale for the Selective Service Board than to take the cream of the crop all the time. The Army had an excellent argument against accepting riff-raff in peace time, on the grounds that we were building up a training Army, and as such we had to train only potential leaders. Therefore, we did not want men in the lower mental or physical strata.

Now we are at war, a man-power war, and we have to start letting the standards go down, constantly taking more men as they are required. We are, therefore, in a constant flux. As the available supply of military man-power becomes depleted, our standards must drop again. Why don't we go down all the way now? The War Department wants to get the maximum number of men to expand its Army, and to get the best men possible to do that expansion. We have no actual reserve. Our reserve today is our Corps Area Service Command. The rest of the Army is in the combat forces--we haven't a large group of trained reserves on the shelf. We are still trying to hold the standard up because the men in the Corps Area Service Commands have had a year's training; they are at least soldiers and can be put in the field, being replaced by men brought back from the field, men later inducted, or from any other source. When the question comes up "why don't you induct the Class 1-B now?" the answer is that we are constantly losing our 1-A men that we have already trained due to physical breakdown, and these men are our best source of limited service men to supply our immediate needs.

You have all heard the trouble with the uncovered colored question. If we drop the physical standards and accept syphilitics and the unintelligent, we are not going to take any more colored in relation to white than we are now. The general ratio of colored to white registrants is 10.6%. But the uncovered colored percentage is bound to rise everytime the standards are lowered.

Let us take a look into the future on the induction problems. The call for July which has just gone out totals about 302,000; that is the biggest call that has gone out. The August call will, for all intents and purposes, be about 350,000, which we feel is about the maximum reception center capacity. This August call will probably be a freak because it will be in the nature of 425,000. We are now faced with the problem of inducting men and large percentage go on a 10-day furlough. That means they will not be available to the Army until 10 days to 2 weeks after they are actually inducted.

On June 15, 1942, the Enlisted Reserve Plan goes into effect, and it is assumed that 95% will go home for 14 days and then come back to the reception centers. We have asked the Director of Selective Service and the corps area commanders to get together and work out a plan by which they could overcall and furnish additional men during early June so our reception centers will be full even with men on furlough, and give us additional men to ship out.

We have already made the call for July for 302,000, The 425,000 in August will be with the provisions that these men may be inducted as agreed between Corps Areas and Selective Service so that the men coming in and inducted in the last two weeks of August will be delivered by Reception Centers in September. We are trying to induct a ten weeks' supply in 8 weeks and deliver from reception centers an eight weeks' supply in 8 weeks, and pick up a two weeks' reserve of inducted waiting to report to reception centers. The cushion for the corps area operation is this 2 weeks on the ERC, which may be extended if necessary.

The expansion of approximately 25% in reception center capacity has been authorized to take care of this. The Chief of Engineers has instructions that this will get an A-1 priority, to be rushed to completion, location as directed by the corps area commanders. It was stated this was for barracks only or such necessary essential items as hospital wings, etc. Please don't come in with requests on these grounds and say you have to have a tremendous hospital, warehouse, administrative, mess or other expansion because if you do, you won't get anything. The Chief of Engineers is authorized to adjust any reasonable request for additions or alterations on the spot.

We have a program for 220 pyramidal tents for each of the nine corps areas to be available June 15. I believe they have already been delivered to the Seventh Corps Area. These tents are in effect on loan to corps area commanders until the construction of additional barracks is completed. They are then supposed to be returned for use overseas or later expansion. I would make plans on the basis of losing these tents, but I think if you put up a sound enough argument you might be able to keep them. One last thing--if you can beg, borrow, or steal any portable C.C.C. buildings that you can use to give you more space, I strongly recommend it. As you know, we have never found too much space when we are processing a group of men.

The next point is the induction stations. It is up to the corps area commander if he wants to open a new induction station to get additional space. Everything practicable will be done to help them along. A directive has gone out to corps areas exactly doubling Recruiting and induction personnel. You have a 33-1/3% increase of both Medical and DEML at reception centers. There is no restriction as to where these grade or stations are to be placed. The corps area will be allotted certain grades, and the commander can put them where he sees fit.

Circular 13 went out some time ago from S.O.S. inviting everybody's attention to the fact that Corps Area Service Commands must accept physically unfit men from the field forces, and when the commands get up to strength, transfer to the field forces men fit for full field duty. There is no question whatever that the situation is going to be embarrassing all the way along. If you have a physically qualified trained man and in comes a flat-footed one from the ground forces, but who can still do the job, you will have to reclassify and reassign the A-1 soldier to the field and absorb the limited service man.

In June we are going to have a trial induction of Class 1-B consisting of 800 white and 200 colored men. They are going to the BI replacement training center at Fort McClellan, Alabama, to see what particular difficulties, if any, we run into in the training of this limited service personnel. While we are looking forward to good information prior to taking in Class 1-B, we hope not to have to take them in quantities for some time. If we can keep from inducting them in quantity before this fall or winter, we will have enough 1-A's in training to get along.

In connection with the induction examinations, we opened up in May as a result of Circular 43, with a lowered eye and ear standard. We received a flood of so-called non-combatants who couldn't see well. I believe, after talking to the corps areas that in some places there was a misunderstanding at the induction stations as to that circular. It has, however, been straightened out. May I suggest in the examinations that we do everything we can to hold that non-combatant group down to a minimum. Remember the non-combatant status is as a result of poor eyesight only. Poor hearing has no bearing on the matter.

If you run across men who are no good to the Army, men who are mental cases liable to break up at any time, get rid of them. Also dispose of men who have to be watched every moment in order to get them to do their work. However, the man who is flat-footed, but can still do another job should be kept. A man who is near-sighted or can't hear well but still has a useful trade, keep him also. The whole thing is that the man is either a total liability or somewhat of an asset. If you can get useful service out of them, by all means keep them.

In regard to uniformity of induction examinations, the Selective Service and the War Department have been given a pretty tough going

over due to the fact that one induction station is rejecting 25% and another station drawing on the same district rejects 15%. For a long time it has been thought there should be a medical officer supervising examinations. We think it is essential that they have in each corps area one medical officer who is coordinating the work of these various examining boards and who is in contact with the state on physical standards and induction matters. Just how you want to work that is entirely up to the corps area commander.

Starting August 1, the standards for mentality will drop from those capable of reading and writing at fourth grade standard to those able to understand orders in English and who possess sufficient intelligence to absorb military training rapidly. The Adjutant General has been directed to prepare a test and to issue instructions which will preclude the induction of and sift out Class 5 illiterates. We will accept non-English speaking literates. Not more than 10% by color of the men accepted on any specified day at any induction station may be unable to read and write.English at the fourth grade level.

General Marshall approved a study to take certain venereals at a controlled rate, so we can take them in a few at a time. Housing for these men will be ready at reception centers about January 1, 1943. There will be no induction of these men until completion of housing to care for them.

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General Hillman then asked if there were any further reports or questions, there being none, the conference was closed at 1:07 p.m., May 28, 1942.

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